WITH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10001

CEDTIFICATE OF DEATH

CERTIFICAT	E OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH: County	111	in Allegany , write RURAL and give nearest town)
3. (a) FULL NAME Mrs. Mary Elizabeth A	Illen	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced		RTIFICATION 6, 1948 al 8120 P.
6.(b) Name of husband or wife Williams T. Allen 6.(c) It alive, give age 7.1 years 7. Birth date of day, vr.) September 18, 1882	21. I CERTIFY that death occurred on the date abo	re stated; that I at lended deceased from 10 19 4 8 11 4 8
8. AGE: Years Months Days If less than one day 18	Immediate cause gl donth Tone fasfa fice allens ca	
9. Birthplace Housewife 10. Usual occupation Housewife	Due to Office aless es	resident allows
11. industry or business Own home	Other conditions	
13. Birthplace Allegary Co., Md.	(Include pregnancy within 8 n	nonths of death)
15. Birthplace Allegany Co., Md,		0ate of op 1935
Address Eckhart Mines, Md.	Autopsy results. PHYSICIAN: Please underline the cause to wh 22. VIOLENCE: If death was due to external cau	
17. Burial (Burial, cremation, or removal, Which?) Date thereof October 9, 1948 (month) (day) (year) Cemetery or crematory St. 17: 2402/5 Cemetery	Accident, suicide, or homicide	Date of
Location Frost 60-9, Md	Injured at home, farm, industry, public place (with Means of Injury	
Address Perstand reed,	23 SIGNATURE CASHUR P.	ould In. S.
19. (Date rec'd by registrar) 19 4 8 Mank, Michael Registrar	Address 110 S. Centre 5	M. D. or other Date signed 10-7-48



2411 N. Charles St., Baftimore

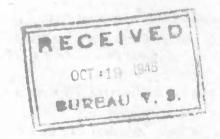
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11.1	Dan	Dist	N.	4

CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Thomas Anthony Assi	3. (b) Social Security Number 2.14-05-5319
4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. October 11, 1948, 21 2130 H.
6.(b) Name of husband or wife Helen Byrd 6.(c) If alive, give age 4.3 years 7. Birth dafe of deceased (mo., day, yr.) 7. July 4, 1895	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 48 to 20 to 20 11 19 48 and that I last saw h 11 alive on 20 11 - 19 48
8. AGE: Years Months Days It less than one day 53 3 7 hrsmin.	Immediate cause of death DURATION
9. Birthplace	Due to
13. Birthplace Syria 14. Maiden name Assa Thomas 2 15. Birthplace Syria 15. Birthplace Syria 16. Informant It as Helen Hasif	(Include pregnancy within 3 months of death) Major findings of operations
Address TH, 6, Cumberland, 17d. 11. Burial (Burial, cremation, or removal. Which?) Cemetery or crematory. Hillerant Came tery.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Cases Dec 19 and 19 18. Funeral director Address Cases Dec 19 200, 200, 19. Oct 13 19. 48 10. Acanty, M.D. (Date rec'd by registrar) Registrar	Injured at home, farm, Industry, public place (where?) Masns of Injury Injured at work? 23. SIGNATURE M. D. or other Address Date signed 10/12/48

information carefully. The correct age of death clearly and legibly. ADING PAK. Supply every item of i Physicians: please write the causes SERVED FOR BINDING MARGIN WITH UNF PLAINLY, Is especially

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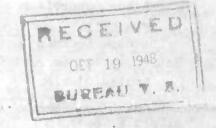
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Baltimore

10003

		100	CERTIFICAT	TE OF DEATH	Reg. Diat. No.	4	
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
(16	ral - LaVal	imita, write l	RURAL and give nearest town)	State Maryland City or town Rural - LaVa			
How long in above place of death? 11 Years Hospital, Institution, or street address where death occurred: Gramlich Road				City or town Riral - La Vala (If outside city or town limits, write RURAL and give nearest town) Street No. Gramlich Road (If rural, give LOCATION)			
	or Institution?			2.(a) tf veteran, name war			
3. (a) FULL NAME John Albert Beckman					3. (b) Social Securi	ity Number	
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL	CERTIFICATION		
Male	White	l l	larried	20. DATE OF DEATH Oct. 10	19. 41	8 16 A	
	A 00	6.	(c) thalive, give ageyeare	21. 1 CERTIFY that death occurred on the date Line 1. September 3. Se	1998 10 Oct	19 48	
8. AGE: Yea	rs Months	Daye	tt less than one dayhrs min.	Immediate cause of death	toplus	DURATION	
9. Birthplace	Labor S	upervi	rrett Col, Md.	Due to	Li hlut	234.	
質 12. Name	Theodore	Beckma	n	Other conditions			
43. Birthotace	Near Swanto	n, Gar	rett Col, Md.				
				(Include pregnancy within			
E 14. maiden nam	Accident, Albert E. B	Garret	t Co., Md.	Major findings of sperations.	/		
16. Intermant	Albert E. B 22 N. Hamps	eckman	ve., Cumb., Md.	Antopsy results		ged statistically.	
Burial Date thereot 10/12/48 (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory North Glade Cemetery				22. VIOLENCE: If death was due to external Accident, suicide, or homicide	Date of	(State)	
	orth Glade,			Injured at home, tarm, industry, public place	(where?)		
	Otha F. Blaine,			Means of Injury	Munip	M	
19. Och	12 1948 registrar)	le	A bank, M.D.	23. SIGNATURE	87 , Date sign	D. or other	

THE CONTRACT COURSE TO SEE THE PROPERTY OF THE PARTY OF T



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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VED FOR BINDING Supply every item of information carefully. The correct age ease write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
County A llegany	
City or town	State Maryland County Allegany
City or town	City or town (if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Sireet No. 609 Henderson Ave.
609 Henderson Ave.	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
MRS. DELERA M. BISHOP	None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Divorced	20. DATA DF DEATH. October 9 19 48 al 8 A
John Bishbo	21. I CENTIFY that death occurred on the date above stated; that lattended deceased from
5.(b) Name of husband or wife	Aller 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Birth date of 5. 3.000 if alive, give age	years and that I last saw help alive on the same and the
deceased (mo., day, yr.) Sept. 5, 1880	Immediate cause of death
8. AGE: Years Months Days If less than one day	Thremen a
68 1 4hrshrs.	min. Muso Corley Just, May,
9. Birthplace Chaneyville, Bedford Co. Pa.	Bue 10 21 V =
(lown, eounty, and state)	William Heller Sm
10. Usual occupation Housewife	Due 10.
	Due 10.
11. Industry or business	Diher conditions
13. Birthplace Bedford Co. Pa.	
	(Include pregnancy within 3 months of death)
Nancy Robinette 14. Maiden name	Major fiadiogs ol operatioos
E 15. Birthplace Bedford Co. Pa.	Date of op.
16. informani Mr. Ralph Bishop	Autopsy results
Address 542 N. Mechanic St. Cumberland, Md	PHYSICIAN: Please underline the caose to which death should be charged statistically.
	22. VIOLENCE: If death was due to externat causes, fill in the following;
Burial (Burial, cremation, or removal. Which?) Bate thereof Oct. 12, 19 (month) (day) (y	egr) Accident, succee, of nonnegative
Cemetery or crematory Hillcrest Burial Park	Where did injury occur? (County) (County) (State)
Cumberland, Md.	Injured at home, farm, Industry, public placy (where?)
William U Vicht	Mesons of Injury injured at work?
18. Funeral director William H. Kight	11/1004
Address Cumberland, Md.	23. SIGNATURE
19 Oct. 11, 19 48 lef Frants.1	M.D. or other 4
(Date rec'd by registrar)	Registrar Address Date signed Date signed

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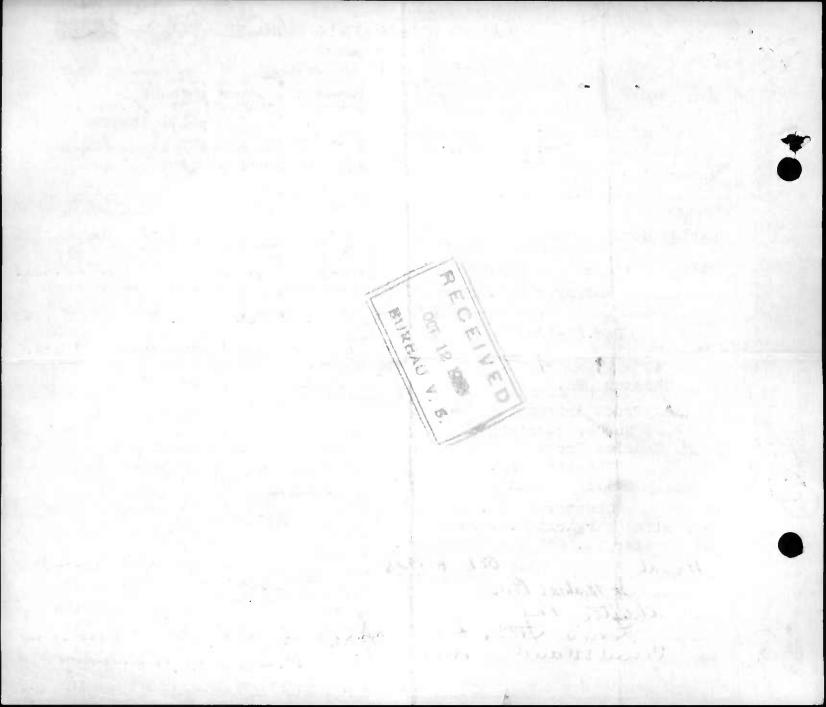
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

		,1
Reg.	Diat.	No

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County			
City or town Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)	state Pa. County Delaware		
How long in above place of dealh? 2 Hrs. & 15 min.	City or town Chester (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of dealh?	Sireet No. 209 Sunnyside Ave		
Memorial Hospital	(If rurat, give LOCATION)		
How long in hospital or institution? 2.1/4 hrs.	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Charles Gordon Brown	171-10-9548		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White married	2D. DATE OF DEATH		
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wifeMargaretM.D.Brown	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
T. Birth date of	and that I tast saw h im Dead Oct. 5 19 48		
T. Birth date of deceased (mo., day, yr.) Dec. 31-1904			
8. AGE: Years Months Days it less than one day	Intra abdominal hemorrhage & 7 hrs.		
43 4hrsmin.	Shock.		
	Due to Multiple fractures of the		
9. Birthpiace Chester Pa. (Town, county, and state)	pelvis & leg.		
10. Usual occupation Truck drives	Due to Auto truck hit senter post		
	Due to All Lo Gruck III to Bell Let 1 1008 to		
11. Industry or business Nu Car carrier	on Pa. Turnpike.		
置 12. Name Charles Brown	Ditter conditions Multiple abrasions &		
[3. Birthplace Chester Pa.	contusions of face & scalp (Include pregnancy within 3 months of death)		
14. Maiden name Nellie G States 15. Birthplace Chester Pa.	Major findings of operations		
15. Birthplace Chester Pa.	Date of op.		
16. \ Market The Property	Autopsy results. aas above		
16. Intermant	PHYSICIAN: Please anderline the cause to which death should be charged statistically.		
Address Chester Pa. 209 Sunnyside Ave.	and the following:		
(Burial, cremation, or renoval, Which?) (Burial, cremation, or renoval, Which?) (month) (day) (year)	Accident, suicide, or homicide. Truck Accident of 10-5-48		
(Burial, cremation, or removal, Which?) (month) (day) (year)	Mear Bedford Bedford Pa		
Cemetery or crematory At Micheal Course	19 Miles west or town) (County) (State)		
Location Charter Pap.	Injured at home, farm, industry, public place (where?)		
	Means of Injury Truck struck centification work? yes		
18. Funeral director	Means of Injury Truck struck centified work? yes		
Address Cenebrand ma	23. SIGNATURE H. V. Deming M. D. H. V. D. or other		
1) - t - 118 1 . 0 - trust m	23. SIGNATUREIL Deming M. D. or other		
19. (Date ree'd by registrat) (Date ree'd by registrat) (Registrat	Address Cumberland Md. Date signed 10-5-48		



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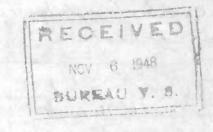
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Within corporate limits

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Act District	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	4
County Allegany		
	State Md County Allegany	
City or town (If outside city or town limits, write RURAL and give nearest town)	Mear comberland, Rutal	
	(If outside city or town limits, write RURAL and give nesrest tow	rn)
How long In above place of death?	Street No TFt, 2, Willow brook Road	
Allegany Hospital	Street No. (If rurel, give LOCATION)	************
17116 99411 1103 1411 91	(It fures, give bookflow)	
How long in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME	3.(b) Social Security Number	r
Joan Carolyn Brown		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
F W Single	- 1 / 1 115 10	
7.5	20. DATE OF DEATH October 31 1948 31/0	21.12.17.
	21. I CERTIFY that death accurred on the date above stated; that Lattended degreesed from	n ,
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that Lattended degeased from	19 4
S.(c) If alive, give ageyears		.40
	and that I last saw h	19
7. Birth date of deceased (mo., day, yr.) October 14, 1948	Immediate cause of death 0	URATION
8. AGE: Years Months Days If less than one day	outeroppiles	
6 6 5/7hrsmin.		
	-	
9. Birthplace Cumberland Allegany, Md	Due to.	
(Town, county/and state)		*************
10 Head occupation In Fant		
10. Usual occupation	Oue to	
11. Industry or business		***************
12. Name	Other conditions	
E 12. Name		
	(Include pregnancy within 3 months of death)	
14. Malden name Puth Brown 15. Birthplace Cumberland, Md		
The state of the s	Major fiediogs of operations	
2 15. Birthplace Cumberland, Md	Date of op.	
16. Informant Puth Brown	Autopsy results	
16. Informant 11.0.X.h	PHYSICIAN: Please noderline the cause to which death should he charged statistics	ally.
Address Rt. 2 Cumberland, Md.	22. VIOLENCE: It death was due to external causes, fill in the following:	
17. Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (yeer)	Accident, suicide, or homicide	
11:1- Camaran	Whers did Injury occur?	
Demetery or crematory Hite Cemetery		= /
Location Cumberland, Md. Kural	Injured at home, farm, Industry, public place (where?)	
10 111	Means of Injury Injured at work?	
18. Funeral director. John January 18. Funeral director.	1,0,0100,	1
P. I I VO D Zes al	Mara hot Milas	14.
Address Carles Cause, May	23. SIGNATURE M. Dor other	r.
Marl 2 48 line troub Mis	M. D/or other	10%
19. (Date rec'd by registrar) Registra	Address La all Date signed	-Luf-4
(Date Ice of tegrater)		/ "



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

_					Keg.	7180. 140
1. PLACE OF DE	A	llegan	у	2. USUAL RESIDENCE (HOME) (For newhorn infants give residence of	of mother)	
County				State Cumberla	nd its, write RURA	
nospital, institution, of	street address where 4 North Ce	acan accounce		Street No. 164 North Cer	ntre St ve LOCATION)	
How long in hospital o	or institution?		······································	2.(a) If veteran, name war	***************************************	
3. (a) FULL NAM		anna C	ampbell			one
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL	CERTIFICA	TION
Female	White	1	Warried	20. DATE OF DEATH. October		19 48 at 9-25 P
6.(b) Name of husband	or wite		Campbell 11 alive, give age 90 ye	21. I CERTIFY that death occurred on the date of	947 10	W 14 1948
7. Birth date of deceased (mo., day,	yr.) No	vember	5 1889	and that I last saw h	,	19.5DURATION
8. AGE: Year 58	Months	Days 29	it less than one dayhrsm	about of	17 R	duy 6 wh
9. Birthplace	(Town,	unty, county, and c	Virginia	Bue to Chronic Pyc	long	Unile Squ
11. Industry or busine		11		Due to a final and		
12. Name			Harris V. Virginia	Diher conditions		
				(Include pregnancy within		h)
15. Birthplace			Virginia	major insulate of operations.		te of op
16. Informant		y Campl	mberland. Md.	PHYSICIAN: Please underline the cause to	which death show	ld he charged statistically.
17. Bu	rial	Date ther	od Oct. 17, 1948	22. VIOLENCE: If death was due to external		Date of
Cemetery or cremat	lory Hill Cr	ewt Bu	rial Park	Where did injury occur?(City or town	n) (Co	unty) (State)
LocationCu	unberland,	Maryla	nd	tnjured at home, farm, Industry, pub ¹¹ c place		
18. Funeral director			Kight	Mesns of Injury	Injure	d at work?
Address	Cumber	land,	Md.	23. SIGNATURE F. Cellan &	Men	3-2
19. (Date ree'd by r	/5 19 4 8	W.	R Stanting M. Registr	Address Control	(lun	M. D. or other Date signed

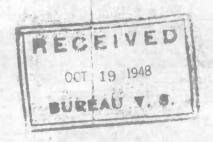
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County.	(For newborn infants give residence of mother).
City or town (If conside city or town limits, waste RURAL and give nearest town)	State County County
How long in above place of death?	(1) outside city or town limits, write RURAL and give nearest town)
Rospital, Institution, or street address where feath occurred.	Street Ho. Frostburg Warylova
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
James Walker Ch	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male while widwed	20. DATE OF DEATH October 24 19 48 31/2:30 M
B.(b) Name of husband or wife Manageret Fring	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
	October 23 1948, 10 october 24 18 48
7. Birth date of day yr) Warch 2 4 186	and that t last saw h. / M. alive on October 2 4 19 48
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
83 7hrsmin.	Coronery heart-disease 33ks.
0 40	attice = all = i
9. Birthplace	Due to attira - sellassa
10. Usual occupation Setured Mines	Due to Serility -
11. Industry or business Coal Mures	000 10.
E 12. Name Sterne Chapman	Other conditions
12. Name State Charles 13. Birthplace	
14. Malden name Blean Wather	(Include pregnancy within 3 months of death)
14. Malden name Glean Walker 15. Birthplace Scotland	Major findings of operations.
D. D. W	Date of op.
16. Informant	Antopsy results
Address / O. W. West of Moretains T	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereot (month) (deep) (year)	Accident, suicide, or homicide
Cemetery of crematury allegans	Where did injury occur?
7. A. 1. XII	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director	219 11.100
Address Tibelburg Hd	23 SIGNATURE AT CHEW MID.
19 10 - 26 19 HE Mus Hally X Ros	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Frostling Md - Date signed 10/25/XS



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

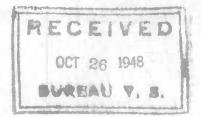
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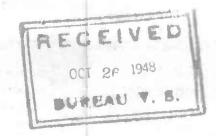
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CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: Allegany				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town)				State Maryland County Allegany		
				City or town Rural Cumbe	erland	
How long in above place	ce of death?					
	or street address where d			Street No. R.D.#1		
				(If rural, give	LOCATION)	
How long In hospital	or Institution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL NAM	ME				3. (b) Social Security 1	Number
	James	B. Coll	ins		214-01-0	1173
4. Sei	5. Coior or race		ed, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male	White	Mari	ried	20. DATE DE DEATH. Oct. 2	1, 19 48	11:10B
	d or wife Marga	ret Conv	vávColline	21. I CERTIFY that death occurred on the date about		
				Oct.17. 48		
7. Birth date of			e, give age 3.2 years	and that I last saw h. I.M. alive on Oct.		
deceased (mo., day	yr.) Aug.	20, 190)2	Immediato cause of death		DURATION
8. AGE: Yes		Days If I	ess than one day	Septicemi	ia.	
46	2	7	hrsmin.			
		ore Ma		Due to Severe Strep		72 Hrs
	Mt. Sav			que to	- Michigan Add Sales Sales Sales	
10 liqual occupation	Engine	er		Due to.		
11. Industry or busin				9 Use 10		***************************************
	Daniel J.	Collins		Dither conditions		
F	Maryl		√			
the same and				(Include pregnancy within 3 n	months of death)	
里 14. Maiden nam	e Mary Mc	Dermott		Major findings of operations. Non-	è	
14. Maiden nam 15. Birthplace	Maryl	a.nd				
	e Mamma	et Colli	ns	Autopsy results. None		
				PHYSICIAN: Please underline the cause to wh	hich death should be charged	statistically.
	.#1 Cumbe		-	22. VIOLENCE: Il death was due to external cau	uses, fill in the following;	
Buri	al	Date thereof	(month) (day) (year)	Accident, suicide, or homicide		*************
(Burial, crematic	on, or removal. Which?)	Dated ale	(month) (day) (year)			
	storySt.			Where did injury occur?(City or town)		
Location	Cumb	erland,	Ma.	Injured at home, farm, industry, public place (wi		
	Charle			Meens of Injury	Injured at work?	
	Cumb			X Ihan	and Mai	1)
Address			rict.	23. SIGNATURE	Mari Ille	6/2
10 Oct	23 19 4 8	wik.	baut M.	146 Bedford St	M. D. c	10/22/48
(Date rec'd by	registrar)		Registrar	Address FED Dealord Do	Date signed	20/22/20





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(Date rec'd by registrar)

	s St., Baltimore 921	
CERTIFICAT	E OF DEATH Reg. Dist. No.	
1. PLACE OF DEATH: County City or town (1) (1) (1) (1) (1) (1) (1) (1	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fig. newhorn infants give residence of mother) State	
How long to hospitat or institution?	Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.	
3. (a) FULL NAME Ofrah Queustine Cour	3. (b) Social Security Number	
4. Sex 5,766 or or face 6.(a) Shigle, married, wildowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH 19 48 31 12 36	
5.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 48., to 19. 48. and that I last saw handlive on 19. 48.	
8. AGE: Years Honths Days If less than one day	Immediate cause of death DURATION	
9. Birthplace Listand allegares too. Many and state) 19. Usual occupation tradent	bue to mitrof Heardiness	
14. Industry or business Ra Salle Institute	Due to Selections Selections	
13. Birthplace Conaconing Orifd 14. Malden name 3 idget 5 3 yrnes 15. Birthplace Omdlifand, Md	(Include pregnancy within 3 months of death) Major findings of uperations.	
16. Interment I michael Communication Address Maddland Mid	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17	22. VIOLENCE: If death was due to external causes, fitl in the following: Accident, suicide, or homicide	
Location Freshler Starting	Where did Injury occur?	
18. Funeral director 22 Confebritions Address Longe aconing Ald	Joan B. Davis	



WITH UNFADING INK. Supply every item of information carefully. In important. Physicians: please write the causes of death clearly and legib

especially PLAINLY, is especially

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RESERVED FOR BINDING

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10011

CERTITION	Reg. Dist. No.	
1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	Slate County Alexandry City or town Serving town limits write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.	
3. (a) FULL NAME Mary Lavise Davis	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. October 27, 19.48 at 1050 17.	
6.(b) Name of husband or wife. Taba Daris 6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above states, that I extended daceased from 19 10 10 19 4 20 10 10 19 4 20 10 19 4 20 10 10 19 4 20 10 10 10 10 10 10 10 10 10 10 10 10 10	
8. AGE: Years Months Days It less than one day	Immediate augoi death Coronary Therebox	
9. Birthplace Eritts Creek Allegary, 17d. (Town, county, and atatom)	Due to Allywardelia 5 yrs	
10. Usual occupation House Wife 11. Industry or business Own house	Due to.	
12. Name. Charles T. Fisher 13. Birthplace Mary land	Other conditions	
14. Malden name. Frances Fortmon 15. Birthplace Mary land	Major findings of operations	
16. Informant Boothy 77, Daris	Autopsy results	
17. Burial, eremation, or removal, Which?) Date thereof. October 30, 1948. (month) (day) (year)	22. VIOLENCE: tt death was due to external causes, fill in the following: Accident, suicide, or homicide	
Commetery or crematory Mt. Tabor Cemetery of Commeters of Cemeters	Where did injury occur?	
18. Funeral director Andrews Colored Management (1987)	Means of Injury Injured at work?	
18. Oct. 30 18 4 8 luft Muly Registrar	Address Date signed Date signed	



Injured at home, farm, industry, public place (where?)

Means of Injury

Registrar

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How long in above place Hospital, institution, or	sireet address where Spruce St	mits, write RURAL and give nearest town) VEARS dealh occurred:
3. (a) FULL NAM		REBECCA DAVIS
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced
Female	White	Married
6,(b) Name of husband 7, Birth date of deceased (mo., day,	June 2	er R. Davis
8. AGE: Year	10000	Days It less than one day 5min.
9. Birthplace APT	Hones W	Rockingham, Va.

own home

Virginia Porter R. Davis

Philos

(Burial, cremation, or removal, Which?)

Westernport, Maryland

Westernport, Maryland

Westernport, Maryland

Ellsworth S. KXXX Boal

lip S. Hartman

Jarrels

Cemetery

Date thereof Oct 10, 1948 (month) (day) (year)

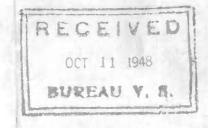
11. industry or business

2. USUAL RESIDENCE (HOME)	OF DECEASED:	
	Allegany	*******************************
City or town. Westernpo	pt its, write RURAL and give near	rest town)
Street No. 111 Spruce	Street	
	ve LOCATION)	
2.(a) It veleran, name war		
	3. (b) Social Security I	Vumber
MEDICAL C	CERTIFICATION	
20. DATE DE DEATH October	7 1948	. 3:30p
21. I CERTIFY that death occurred on the date a	46 , set 7	1048
Immediate cause of death Coconory	Throm boses	DURATION .
Due to Hy Penter	Throm bases	p.
Due to	***************************************	
Diher conditions Careina	na Werne	230.
(Include pregnancy within 2	months of death)	
Major findings of operations		
	Date of op.	
Autopsy results		tatistically.
22. VIOLENCE: If death was due to external c	auses, fill in the following:	
Accident, suicide, or homicide	Date of	
Where did Injury occur?(City or town	(County)	(State)

Reg. Dist. No.

Injured at work?

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MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK is especially important. Physicians:

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

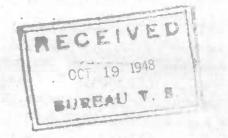
93d

10013

CERTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Daniel R. Dawson	3. (b) Social Security Number 2/4-/4-/939
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 2D. DATE OF DEATH October 9 19 48 21 2 P
6.(b) Name of husband or wife	21. I CERLIFY that death occurred on the date above/stated) that I attended decreased Town 19
9. Birthpiace Great Cacapon, W. Va. Morgan Co. 10. Usual occupation 11. Industry or business Joseph T. Dawson	Due to
Joseph T. Dawson 12. Name Joseph T. Dawson 13. Birthplace Great Cacapon, W. Va. Mary Ryan 14. Maiden name Mary Ryan 15. Birthplace Allegany Co, Maryland. W. L. Price	Other conditions
Address Rt, 1. Box 196, Cumberland, Md.	Autopsy results PHYSICIAN: Please noderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;
Burial Date (hereof 10/12/48 (Burial, cremation, or removal, Which?) Cemetery or crematory. Barkley Springs W. Ve	Accident, suicide, or homicide
Berkley Springs, W. Va. 18. Funeral director William H. Kight Address Cumberland, Md. 19. Ort. 12. 19.45 Massley Registrar (Date rec'd by registrar)	Injured of home, farm, Industry, public place (where?) Means of Injury 1 Injured of work? 23. SIGNATURE Provided M.D. or other Address Conterland, and Bate signed Det 11-48





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10014

CERTIFICATE OF DEATH

	Kog. Diat. No.
1. PLACE OF DEATH: County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (Ber pewborn infants gut residence of mother) State
3. (a) FULL NAME Jane Inay Demy	3. (b) Social Security Number
Limple White Can Single married, widowed, or divorced	2D. DATE DF DEATH. OCT 8 1948 1 12
S.(b) Name of husband or wife / Hellest / Denning 6.(c) If allve, give age year	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Jun 95 1884	and that I last saw h law alive on 19.
8. AGE: Years (Months Days If less than one day 13min	Carring Thromboses 1 do
9. Birthplace Prosession Oscar 60 9. 9. (Town, county, and stage) 10. Usual occupation Advanced	Due to Haye Kerner
11. Industry or business	Due to
X 13. Birthplace , Q. Q.	Anclude pregnancy within 3 months of death)
14. Maiden name harbotte m. Saylor 15. Birthplace Q. Y.	Major findings of operations.
16. Informant Dr. H. V. Denning	Antopsy results
Address Amhuland ma, (Burial cremation or removal, Which?) (Burial cremation or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
18. Funeral director of this Stein One	Injured at home, farm, Industry, public place (where?) Means of injury injured at work?
Address Grandhland and	23. SIGNATURE M. D. OT OTHER
(Date ree'd by registrar)	Address D Resking M. Date signed 10/8/4

MARGIN RESERVED FOR BINDING

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WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

PLAINLY, V is especially i

PLEASE WRITE

FOR BINDING

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MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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10015

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
CountyALLEGANY	
CITY or town	State MD County ALLEWANY City or town CUMBERLAND (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 119 DAYS	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. QUEEN CITY HOTEL
MEMORIAL HOSPITAL	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
EDWARD W.DERN	214-05-5182
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE SEPARATED	20. DATE DE DEATH
6.(b) Name of husband or wife ANNIE Coakley	21. I CEPTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of	6/20/46 19 10 19/25/4/19
7. Birth date of ATTOTICE 3.3. 3 CAST 178 2	and that I last saw harmalive on 10/2 5 /A D 19
deceased (mo., day, yr.) AUGUST 11, 1863 /8 8 3	Immediate cause of death
6. Add.	J. J
65 \$ 7hrsmin.	1 ge careary
9. Birthplace MARYLAND, Comb, and state)	Due 16 July
(Town, eounty, and state)	(Aluorellipus
1D. Usual occupationHANDYMANQUEENCTTYHOTEL	Due to
11. Industry or business	
12. Name DERN, ROLL 13. Birthplace PENNA	Dither conditions
Z 13. Birthplace PENNA	
14. Maiden name MARY RICE	(Include pregnancy within 3 months of death)
14. Maiden name MARY RICE 15. Birthplace MARYEAND	Major findings of operations. Date of op.
16. Intermant MEMORIAL HOSEITAL	Autopsy results
Address MEMORIAL AVENUE	PHYSICIAN: Ptease underline the cause to which death should be charged statistically.
Address PICHORIAL AVERGE	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Durial (thurial, cremation, or removal, Which?) Date thereof Of 27, 19 4 8 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Made Hell	Where did injury occur?
Location admitted and and and and and and and and and an	Injured at home, farm, Industry, public place (where?)
18. Funeral director William N. Bight	meens or injury
Address limber and, That.	22 STONATURES / // // // // // // // // // // // //
19. Color registrar) 19 4 5. W.A. Tausta, M.A. Registrar	M. D. or other Middless Signed 10/25/48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10	CERTIFICAT	TE OF DEATH Reg. Dist. No.
on carefully. The corclearly and legibly	City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (Far newborn infants give residence of mother) State
100	3. (a) FULL NAME	2 (h) Sacid Samita Nambar
ormat	Babn Weter	3. (b) Social Security Number
m of inf	emale 1. Sex Scoor or face (5.(a) Single, married, widowed, or divorced simple	MEDICAL CERTIFICATION 20. DATE OF DEATH. 19.45 at 70.70 PM
ry iter	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
te	7 Right date of	and that I last saw h. Mailve on Och 2 18245
Supply lease wri	8. AGE: Years Months Days If less than one day	Immediate cause of death
. d.	9. Birthplace (Town, county, and state)	Due fo.
ADING INK Physicians:	1D. Usual occupation.	Due to
Tw.	11. Industry or business 12. Name 6 has 6 deler 13. Birthplace lambeland and	Dther conditions
rtant.	71:01	(Include pregnancy within 3 months of death)
HHumi	14. Malden name folds. Combuland Ind	Major fiedings of operations
	16. Informant Chao & Deter	Autopsy results
AINLY, especially	Address mmysland Och 4 48	22. VIOLENCE: If death was due to external causes, fill in the following:
P	(Burial, cremation, or removal Which?) Cemetery or crematory Cemetery or crematory	Accident, suicide, or homicide
RITE	Location Company	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
SEW	18. Funeral director Assis Stein 9mc	Means of Injury Injured at work?
EAS	Address Complesions	23. SIGNATURE & My, Schendle My,
PL	19. Oct. 4. (Date rec'd by registrar) 194 8. Ch. Sauly, Registrar	Address Cf/limited Date states 3/9 kg



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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10017

CERTIFICATE OF DEATH

Reg. Dist. No.

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Form whom infants give residence of mother)
ounty Allegany :	
illy or lown	State County County County
(If outside city or town limits, write RURAL and give nearest town)	City or town Cumberland
ow long in above place of death?	(If outside prey or town imits, write BURAL and give nearest town)
ospital, institution, or greet address where death occurredy	Street No. 400 Soction St.
450 Doelhe St.	(If rurat, give LOCATION)
ow long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Elisa E. Donle	None
4. Sex 5. Color of race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
y li white shear	10.1 10 110 110
Timble Imme mined	2D. DATE DF DEATH
Thomas I Done	21. I CERTIFY that death occurred on the date above stafet that I stranded peceased from
6.(b) Name of husband or wife	Dept 16 1971 10 Oct 8 19/
b.(c) It alive, give ageye	ars and that I last saw h. O. alive on O. C. 2 2 18.7
7. Birth date of deceased (mo., day, yr.) Feb 9 1874	
	Immediate cause of death
o. Adl.	
74 7 26 hrs	in come marringe /92
& the Orleans and.	Due to
9. Birthplace(Town, county, and state)	DUE TO
Hornerile	
1D. Usual occupation	Due to arthur shy pertension 2 ye
11. Industry or business	
12. Name James Driggino	Other conditions
E 13. Birthpface	(Include pregnancy within 3 months of death)
14. Maiden name Chyateth Reel	Major findings of operations.
15. Birthplace and .	
=1 15, Birtinpiace	Date of op.
16. Informant Isra, J. Norge	Autopsy results.
La falada	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address minterland	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suickle, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory of manyo lesso.	Where did injury occur?
Cum Des land 1	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director Korres Sterre Level.	Meens of Injury Injured at work?
MODE DE DUIN	0 21 -7
Address Lewalts and Ma	23 SIGNATURE R. M. Clrewasker Sr
Oak 1 48 link tout mi	M. D. or other
19. (Date rec'd by registrar) Registr	Tat Address (uncherland ma Dale signed act 6-



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County Allegany	town) State Md. County Allegany City or town Cresap Park (If outside city or town limits, write RURAL and give nearest town) Street No. 117 Meadow Drive	
City or town. Cresap. Park. (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?		
117 Meadow Drive, Cresap Park		
How long In hospital or Institution?	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Se	ocial Security Number
Adam Durr 4. Sex 5. Color or race B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFIC	ATION
male white married	20. DATE OF DEATH. O.C. t. 4	
5.(b) Name of husband or wife Pearl Root Durr		
6.(c) It allive, give age	19 10	
7. Birth dale of deceased (mo., day, yr.) March 5- 1886	and that I last saw hIM.aluleadUC.T4	
8. AGE: Years Months Days It less than one day	Immediate caose of death Angina pectoris	
62 6 29hrsmin.		
9. Birthplace Rowlesburg W. Va. (Town, county, and state)	Due to Coronary Sclerosis	about
10. Usual occupation Retired-Pipe fitter		2 yrs
tt. Industry or business Celanese Corp. of Am.	Due to	
	Other conditions	
13. Birlhplace W. Va.	(Include pregnancy within 3 months of dea	
14. Malden name Ida Reinhart 15. Birthplace W.Va.	Major findings of operations.	
15. Birthplace W.Va.	Major hadings of operations.	
16. Informani . Wife) Mrs. Pearl Root Durr	Antonsy resolts	***************************************
Address 117 Meadow Drive, Cresap Park Md	PHYSICIAN: Please underline the caose to which death sho	
Burial (Burial, cremation, or removal, Which?) Bale lhereot Oct. 6, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the Accident, suicide, or homicide	
(Burial, cremation, or removal, Which?) Cemetery or crematory HillCrest Burial Park	Where did Injury occur?	
Location Cumberland, Md.	(City or town) (C	
		red at work?
18. Funeral director. Charles L. George	Means of Injury	7
Address Cumberland, Many	23. SIGNATURE H. V. Deming M.D. A	M. D. operior
19. (Date rec'd by registrar) Registrar	Combonland 164	III. 2. 0

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

/				
1. PLACE OF DEA	EGANY	MARYLAND	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of mark LAND State	
	itside city or town in	39 wDeAYSL and give nearest town)	CUMBERLAND	write BURAL and give nearest town)
How long in above place of Hospital, instilution, or	strant address where d		Street No. 5/3 Mars	wand and
How long in hospital or	3	9 DAYS	(If rural, give 2.(a) If veteran, name war	LOCATION)
3. (a) FULL NAME		- AWYOR AMO		3. (b) Social Security Number
	S. MARY	LOUISE MRS	THE PROPERTY OF	PTIEICATION
FEMALE	WHITE	WIDOWED	OCTOBER 20. DATE DE DEATH	RTIFICATION 1948 5.30
6.(b) Name of husband	DECEASEL	5 • THOMAS 6.(c) If alive, give age		re etaled that I attended deceased from
7. Birth date ot deceased (mo., day, yr		10/874	and that I tast eaw half alive on	OURATION
8. AGE: Years 74 yrs	Months 2 7	Days (I less than one day		
9. Birthplace penr		county, and state)	Due je Garage	malogio
10. Usual occupation	HWIFE	<u>)</u>	Due to.	River
1t. Industry or business				
12. Name	CIMMEL, K PENNA	EYSER	Diher conditions	
-41		MMA	(Include pregnancy within 3 n	onths of death)
14. Malden name	DMODIAT 1	IOC DTM AT	left Riffren	Pale of op. 4-18-45
16. Informant MI	EMORIAL I	2.000	PHYSICIAN: Please underline the cause to wh	
Bui	or removal. Which?)	Bate thereol. (month) (day) (year)	22. VIOLENCE: 11 death was due to external cause Accident, suicide, or homicide	
Cemetery or cremator	1/	and of	Where did Injury occur?(City or town)	
Location	Augus	men, Tenna	Injured at home, tarm, industry, public place (wh	Injured at work?
18. Funeral director Address	Con and de	e sland Mo.	MITH	11.
Madicas	y dean y		23 SIGNATURE	unnann.

Registrar

Mr. Highet



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Address

19. 10 - 24 (Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFIC	CATE OF DEATH
1. PLACE OF DEATH: County	2. USUAL PESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State City or town (If outpute only or town limits write HURAL and give nearly town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FUILL NAME 3. (a) FUILL NAME 4. Sex 5. Color of face 6. (a) Single, married, widowed, or divorced	akes 3. (b) Social Security Number 2/3-01-8801
male White married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21. 1 CERTIFY that death occurred on the date above stated: that I alrended prepased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	years and that I last saw h provide on Mystardite OWRATION
9. Birthplace Lan an anning allegamation	Mobile 10 Chy Mephriles Service
10. Usual occupation Attilles Thuck Deive	Que to Appendención y total
12. Name Lafsh African Alle 2 13. Birihplace Dennsylfania	Other conditions
14. Maiden name Farry Fretz 15. Birthplace Inacturing And. 16. Informant Town John Grenzens	Major findings of operations
Address Son a carring, Many (17. (Burial, cremation, or removal, Which?) Address Son a carring, Many (17. (Burial, cremation, or removal, Which?)	22. VIOLENCE: 11 death was due to external causes, fill in the following: Oate of
Cometery or crematory Annall Hell Consetted Location Provide And Consetted	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18 Funeral director Man Baich horse	Mesns of injury Interest at work?

23. SIGNATURE ...



C. Supply every item of information carefully please write the causes of death clearly and

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(Date rec'd by registrar)

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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10020

CERTIFICATE OF DEATH

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CERTIFI	Reg. Dist. No.
1. PLACE OF DEATH: County ALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State WEST VIRGINIA County
CUMBERLAND (If outside city or town limits, write RURAL and give nearest tow How long in above place of death? 2 HOURS	State WENT County County County County County City or town PETERSBURG W. VA. (If outside city or town limits, write RURAL and give nearest town)
MEMORIAL HOSPITAL	Sireet No
How long in hospital or institution? 2 HOURS	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
FEASTER, BABY GIRL	More
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE SINGLE	20. DATE DE DEATH OCTOBER 15, 19 48 21 4:30A
5.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) OCTOBER 15.1948	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate capte of death
2hrs	min.
9. Birthplace	Due to. Due to.
E 12. Name GLENN W. FEASTER 13. 8irthplace WEST VIRGINIA	
14. Malden name KFPLINGER, EDNA B. WEST VIRGINIA	(Include pregnancy within 3 months of death) Major fieldings of operations
16. Informant MEMORIAL HOSPITAL MEMORIAL AVE., CITY	Autopsy results. PHYS1C1AN: Please underline the caose to which death shoold be charged statistically.
17. Build Date thereof Christian (Burial, cremotion, or removal, Which?) (Burial, cremotion, or removal, Which?)	
Cemetery or crematory. M. Jewsey Class	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director Landschaffer	Msens of Injury Msens of Injury Msens of In
Address Pelerskung, W. Va.	23. SIGNATURE.
1. 1/04 13 48 W. Wank.	, and her week the low to the

Registrar | Address....





Allegany

2 Hours

Retired

Unknown Unknown

Unknown

Unknown

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

apo suoun					
MANO G T	1.8 NAV	22 1040	CERTIFICATE	OF	DEATH
Mai that M	TOTEGE	CA CARO			* *************************************

Brown Fielding 6.(a) Single, married, widowed, or divorced

Sarah Fielding

Widowed

tt less than one day

... B.(c) It alive, give age

E OF DEATH	Reg. Dist. No	4
2. USUAL RESIDENCE (HOME	O) OF DECEASED:	
	County Allegany	
City or town Law Cumberls (If outside city or town I Rt. 6. Potomac	and write RURAL and give near	est town)
2.(a) tt veteran, name war		
	3. (b) Social Security M	lumber
	None	
	CERTIFICATION	No
2D. DATE DE DEATH Out	ber 11 10 48	al / A
21. I CERTIFY that death occurred on the dat	e above stated: that I attended decea	sed from
	19.45 to Oct	19.7
and that I last saw h alive on	04	19
Immediate cause of death	O Sufarstra	5 kg
Due to asteriorelo	yster to	***************************************
Hupertena	reflect three	J 7
Due to	***************************************	
	-100 - 01	
Diher conditions Carcinous	a of known ap	
(Include pregnancy with	V	
Major findings of operations		
major hadings of operations.		1-0
Autopsy results	to which death should be charged :	tatistically.
22. VIOLENCE: If death was due to extern	of causes, fill in the tollowing:	
Accident, suicide, or homicide	1 2) Date ot	
Where did injury occur?(City or to	wn) (County)	(State)
Injured at home, farm, industry, public place		

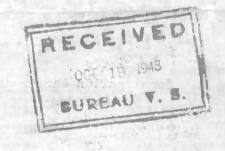
Registrar

PLEASE

18 Funeral director William H. Kight

Cumberland. Md.

Dale thereot 10/13/48 (month) (day) (year



THE TABLE BUT OF STREET

August 12 12 12 1 Charles

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Diat. No.
1. PLACE OF DEATH: COUNTY Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Md County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: Green St.near Mc Kinley Ave.	Street No. 624 Green St. (If rural, give LOCATION)
How long in hospital or institution? Memoriai Hospital	
3. (a) FULL NAME	3. (b) Social Security Number
Fred R.Grove	214-07-0880
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white married	2D. DATE OF DEATH
5.(b) Name of husband or wife Nora V. Steigelman Groves	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	19, io
7. Rirth date of	and that I last saw h im Dead Oct 23 19 48
deceased (mo., day, yr.) Oct.3- 1873	Immediate cause of death
8. AGE: Years Months Days If less than one day	Pulmonary hemorrhage at once
75 A 20hrsmin.	
9. Birthplace Williamsport Pa (Town, county, and state) 1D. Usual occupation employed-Kelly Tire Plant	Due to punctured lung, from fractured ribs, left side of chest. Due to hit by an automobile
11. industry or business	Doth Joron Joro Contum
12. Name Usare Jona Double Penna	Ditter conditions Both lower legs reactured
13. Birthplace Gosk County Council Cou	Linear fracture of the skull and laceration. Major findings of operations. Major findings of operations.
15. Birthplace aldams Co, Runa	Dale of op.
16. informant NV V 13. Moore	Autopsy results
Address 443 - Cumbuland St	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Date thereof Oct 26 1949 (Burial, cremstion, or removal, Which?)	Accident, suicide, or homicideAutoaccidents of10-23-48
	was and taken assure CIDM DET LATIO AT LEGISTIV MICE.
Cemetery or crematoryHill Crest Cemetery Location Cumberland, Meryland	Green St. (City or town) (County) (State) Injured 2t home, farm, Industry, public place (where?) McKinley Ave.
1 46	
18. Funeral director John I Walford	Beputy Medical Examinar Automobile
Address Cynkinderick MP	23. SIGNATURE H.V. Deming M.D. A. D. or order
19. Chie rec'd by registrar) (Date rec'd by registrar) Registrar	Address Cumberland Md. Dale signed 16-23-48

information carefully. The correct of death clearly and legibly. BINDING MARGIN RESERVED FOR

ADING INK. Supply every item of Physicians: please write the causes

PLAINLY, WITH UNF is especially important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10028

10/19 CEDTIFICATE OF DEATH

HIM NO. G III NOV I 1340 CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH: Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Charleniand	State Maryland County Allegany
City of 10wn	Character and and 3
How long in above place of death? 72 yrs., 10 mos., 25 days	City or town
Hospital, Institution, or street address where beath occurred:	Street No. 708 Lincoln St
708 Lincoln St	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ella Sue Gurley	None
4. Sex 5. Color or race B.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widow	20. DATE OF DEATH October 17 19.48 at 5.15 a. M
6.(b) Name of husband or wite Santford A. Gurley	21. I CERTIFY that death occurred on the date above stafed; that I attended deceased from
7. Birth date of Tanana 22 1976	and that I tast saw h Exalive on Och 17 1948
7. Birth date of deceased (mo., day, yr.) November 22 1876	
8. AGE: Yaars Months Days If less than one day	Immediate cause of death 2 DURATION 2
H2 71 10 25hrsmi	
Hedgesville, W. Va.	Due to.
9. Birthplace(Town, county, and state)	Uue to
10. Usual occupation	
The state of the s	Due to
11. industry or business John W. Harrison	Diabeles mellitus 4 yrs
To the second of	Uther conditions
13. Birthplace Hedgesville, W. va.	(Include pregnancy within months of death)
Mary Peregoy	Major findings of operations.
15. Birthplace Hedgesville, W. Va.	Date of op.
16. Informant Miss Elosie Gurley	Autopsy results
Address 708 Lincoln St, Cumberland, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Burial Date thereot 10/19/48 (month) (day) (year)	22. VIOLENCE: It death was sue to external causes, in the following. Accident, suicide, or homicide
	II .
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?
Location Cumberland, Md.	injured at home, farm, Industry, public place (where?)
18. Funeral director William H. Kight	Maans of Injury Injured at work?
Address Cumberland, Md.	22 SIGNATURE Charlette B. Gardner
19. Oct. 18. 19. 48 luk tranty M. (Date rec'd by registrar)	M. D. or other/19/45



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PLEASE WRITE PLAINLY, is especially A15

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MARYLAND STATE DEPARTMENT OF HEALTH

	2411 N. Charle	PARTMENT OF HEALTH as St., Baltimore HGd Reg. Diat. No.
	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	3. (a) FULL NAME Learge Oliver Hag 4. Sex 5. Color or race 6. (a) Single, married, widowed, or different	3. (b) Social Security Number MEDICAL CERTIFICATION
	male white Single	2D. DATE DF DEATH. October 19 1944 at 5:30 H. 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	6.(b) Name of hueband or wife	September 5 19.48 to October 11 19.48 and that I last saw h. 1.19. alive on October 11 19.48. Immediate cause of death DURATION Carcinoma 9 resture 3 months
	10. Usual occupation	Due to
	12. Name Um Hager 13. Birthplace Maryland 14. Mailes and Elizabeth Michaelal	Other conditions
4	14. Maiden name Charles Maryland 16. Interment Charles Hager	Major findings of operations. Date of op. Autupsy results. PHYSICIAN: Please underline the cause tu which death shauld be charged statistically.
•	Address 17	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
	Location Translating Md J	(City or twn) (County) (State) Injured at home, farm, industry, public place (where?) Meene of injury Injured at work?
	Address Troothurg Md 19. 10-13 (Date rec'd by registrar) 19. 48. Mus. Hawly H. Rogistrar Registrar	23. SIGNATURE D. Diell M. D. or other Addrese Frostlung M. D. bate signed 10/12/48

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OCT 16 1948

BUREAU V. S.

CERTIFICATE OF DEATH

1. PLACE OF DEATH: allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Man County Alleganing
How long in above place of death? 5 418.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME . Etta Harper	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I white widowed	20. DATE OF DEATH October 8 1948 21 The G.
6.(b) Name of husband or wife. Charles W. Harfrey	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw her alive on Oct. 7 1948
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
77 7 4hrsmin.	
9. Birthplace Condition (Town, county, and gate)	Due to Thigh Host pressure ?
10. Usual occupation Itouse wife	Due to
11. Industry or business Own Rome	The same stand of the 2
12. Name Oligah Nelson 13. Birthplace West Virginia	Diher conditions C. M. M. M. C. L.
	(Include pregnancy within 3 months of death)
14. Maiden name. Curkus 15. Birthplace	Major findings of operations. Date of op.
16. Interment Charles C. Harper	Actorsy results
Address Thistatore MA. Markoule	22. VIOLENCE: If death was due to external causes, fill in the following;
17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Man Cemelery	Where did injury occur? (City or fown) (County) (State)
Location Alament VIII	Injured at home, farm, industry, poblic place (where?)
18. Funeral director Milliam H. Caght	means of injuly
Address Cumberland Md.	23. SIGNATURE M. D. of other
19. Oct. 8. 1948 Mis. J. G. Walson. (Date rec'd by registrar) Registrar	Address VIII Orleans MA Date signed 10/8/48

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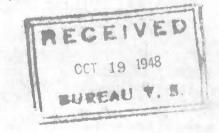
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

crute him is	2411 N. Cha	DEPARTMENT OF HEALTH rlea St., Baltimore TE OF DEATH	10025 Reg. Diat. No#
1. PLACE OF DEATH: County	0 000		OF DECEASED: n of mother) County County Imits, write RURAL and give nearest town) give LOCATION)
3. (a) FULL NAME	as Am	Hand	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Semale White Sec. (b) Name of husband or wife Alm	Fidneral Widowed, or divorced	20. DAYE DF DEAT	CERTIFICATION O/9/48 19 above stated; that i attended deceased from 19 10 0/4/48 19 19
7. Birth date of deceased (mo., day, yr.) Smarch 8. AGE: Years Months Days	.6.(c) It alive, give age	and that I last saw h	JULY 19 DURA
9. Birthplace	andstate)	Due to	lai Uk
12. Name 60	Produced Produced	Diher conditions	in 3 months of death)
14. Maiden name. Dutton	And.	Major findings of operations	Date of op
Address 17	thereof Dist 1 + 4 B (paonth) (day) (year)	22. VIOLENCE: If death was due to externa Accident, suicide, or homicide	Date of
18. Funeral director	tein Ins	Injured at home, tarm, Industry, public place Means of Injury	e (where?)
19. Oct. 13. 19.48 (Date rec'd by registrar)	W. Fanty M. Registr	23. SIDNATURE Address 440 Address	M. D. or other

Sypply every item of information carefully. The MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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10027

CERTIFICATE OF DEATH

Reg. Diat. No.

	Keg. Dist. 140.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County allegant	herauland Allenand
City or town	State Many County County
ow long in above place of death?	City or town
ow long in above place of death?	To the first the state of the s
	Street No. 50 7 5 May 10 10 10 10 10 10 10 10 10 10 10 10 10
DOD Fayelle Sh	
low long in hospital or installation?	2.(a) If veteran, name war
B. (a) FULL NAME Grany Emma Harts	3. (b) Social Security Number
pracy omna land	More
1. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
11 1 plate Stilmund	10 10 10 10 15
male mule manuel	20, DATE OF DEATH OF THE 19. 75 at
(b) Name of husband or wife a Serth Hartsock	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	December 8, 19 47, 10 Oct 18 19.
(, Sirth date of O J O O O O	and that I last saw h. Cr. alive on
deceased (mo., day, yr.) Jan 18 1873	Immediata cause of death
B. AGE: Years Months Days If less than one day	acuts, messeardial tailure, he
75 9hrs	min.
Built- & las Pal	Mary Adiso de se
(Town, county, and state)	Due to
O. Usual occupation Honsework	
O. Usual occupation	Due to
1. Industry or business	
12. Name It m. S. Haster	Other conditions (Stresselesse
12. Name of m. S. Hanster 13. Birthplace and	
	(Include pregnancy within 3 months of death)
14. Maiden name Ackessa Stite	Major findings of operations
15. Birthplace	Qate of op.
Orm Touster	Autopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Commence.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlai, cremation, or removal, Which?) (Burlai, cremation, or removal, Which?)	Accident, suicide, or homicide
(Burlal, cremation, or removal Which?) (month) (day) (year)	
Cemetery or crematory Della Cens	Where did injury occur?
near Buddond Valle F.	Injured at home, farm, Industry, public place (where?)
Location Control Contr	Means of Injury Injured at work?
18. Funeral director 2000 Steen Jack	
Address Cambra land	
AUDIESS CONTROLLED TO THE TOTAL TOTA	23. SIGNATURE M. D. or other
19 Oct. 19, 19 48 W.K. Oranh. Mic	a foreling
(Date rec'd by registrar) Regist	trar Address Oate signed



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WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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10029

CERTIFICATE OF DEATH

1/-

	Reg. Dist. No.
1. PLACE OF DEATH: County	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 2 (16 outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Inartha Jane . To	Lease 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single Harried, widowed, or divorced Flanale White married	MEDICAL CERTIFICATION 20. DATE OF DEATH OF 1948 at 1948.
6.(b) Name of husband or wife 9. Jonathan Heare 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Source Source January Janua
9. Birthplace (Town, county and state)	Due to.
1D. Usual occupation	Due to
12. Name Mallace	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name Sasah Starkey 15. Birthplace	Major findings of operations
16. Informant man Cleans 15 Heare. Address Comberland.	Autopsy results
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to externat causes, fill in the following; Accident, suicide, or homicide
Location May Kirky, W. Vo.	Where did injury occur?
18. Funeral director. Line Stein One.	Meens of Injury Injured at work?
19. (Date rec'd by registrar) 19. (Date rec'd by registrar)	23. SIGNATURE Olay . M. D. or other M. D. or other Address Date signed 48.



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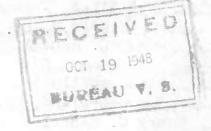
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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Reg.	Dist.	No.			4	1

porate limit				DEPARTMENT OF HEALTH	10	030	
			CERTIFICA	TE OF DEATH	Reg. Dist. No	4	
City or town(xr. How long in above place Hospital, institution, of	Cumberl Cumberl outside city or town lin e of death? r street address where to llegany I	lend mits, write RI 15 I death occurred lospit	URAL and give nearest town) Outside County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give neare		State Maryland County Allegany City or town Cif outside city or town limits, write RURAL and give ne Street No. 20 Orchard St. (If rural, give LOCATION)		
3. (a) FULL NAM		D.	Towns Towns		3. (b) Social Security		
4. Sex	5. Color or race		ssell Hensel, married, widowed, or divorced	MEDICAL.	705-05-92	220	
Male	White	Wid	lowed	2D. DATE DF DEATH. Oct.	•	17:5	
deceased (mo., day, 8. AGE: Year	s Months	Days 21	If less than one day	Immediate course of death	Lug	9	
1D. Usual occupation. 11. industry or busines 12. Name	Retires B. & O. Henry C. German	RARA Hende		Other conditions (Include pregnancy within	n 3 months of death)		
15. Birthplace Camberland, Ma. 18. Informant Henry C. Hensel			Major findings of operations				
17. Bui (Burial, cremation Cemetery or cremat		Date there	umberland, Md. Oct. 14,194 (month) (day) (yesr) 11 Cem.	22. VIOLENCE: If death was due to external Accident, suicide, or homicide	causes, fill in the following; Date of (County) (where?)	(State)	
Address	Charles Cumbe	rland	eorge , Md.	23. SIGNATURE	a Loppe	My.	

Topper



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

/	Reg. Dist. No.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County		
How long in above place of death? Hospital, Institution, or Areet address where death occurred: home. Downard Address where death.	State	e nearest town)
How long In hospital or institution?		
3. (a) FULL NAME Flora Emma Hillegass 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Secur	ity Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female white single	MEDICAL CERTIFICATION 20. DATE OF DEATH	9 .11 .30 Å
	at torovery that doubt account on the date shows stated, that I attended to	
S.(b) Name of husband or wife	Ang 6 19 49 to Oct.	16 19.48
deceased (mo., day, yr.) June 12- 1889	Immediate cause uf death	DURATION
8. AGE: Years Months Oays If less than one day 59 4 4hrsmin	Carcinoma of the liver	about 6 month
9. Birthplace	Oue to	
13. Birthplace Bedford Co. Pa.	(Include pregnancy within 3 months of death)	
14. Malden name Anna Lowry	Major findings ul aperations.	
14. Malden name Anna Lowry 15. Birthplace Bedford Co. Pa.		
16. Informant	Autopsy results	rged statistically.
Address R.F.D.#3 Valley Road, Cumberland Burial (Burial, cremation, or removal, Which?) Address R.F.D.#3 Valley Road, Cumberland (Burial, cremation, or removal, Which?)	22. VIOLENCE: It death was due to external causes, this in the following: Accident, suicide, or homicide	
Cemetery or crematory Schellsburg Cemetery		
Location Achells Grand Passes 18. Funeral director Harwey H Bfliggles	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	
Address Hyndman Henna	23. SIGNATUREH. V. Deming M.D. H. V. D.	Wordher D.
19. (Date rec'd by registrat) (Date rec'd by registrat)	Address Cumberland Md. Date sign	ned 10-17-48

NFADING INK. Supply every item of information carefully. Ine correct nt. Physicians: please write the causes of death clearly and legibly.

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(Date rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

DR.FAW	2411 N. Charle	ea St., Baltimore 5	16		
DR. P. A.	CERTIFICAT	TE OF DEATH	Reg	. Dist. No	4
1. PLACE OF DEATH: County	d: SPITAL	City or town(If outside city or	town limits, write RUR	AL and give near	ville
3. (a) FULL NAME 1 CHARLES ATMES			To	ocial Security N	
4. Sex 5. Chiof or race 6.(a) Single	e, married, widowed, or divorced	MEDI	CAL CERTIFIC	ATION	Aget 13.
MALE WHITE	MARRIED	20. DATE OF DEATH OCT 4	******************************	19.48	1 8:55/
12. Name 13. Birthplace PA 14. Maiden name AND TRAIL 15. Birthplace PA 16. Informant MEMORIAL HOSE	c) It alive, give age	and fhat I last saw hear alive of Immediate cause of death. Pathology and Due to Control of the Conditions of Operations. Major fieldings of operations.	19. × 8 10. 10. Lestue feature fracture typic die y within 3 months of decores	tt faul tank	DURATION Consulto
Address MEMORIAL AVEN 17. Cemetery or crematory Manual Control Contro	11-67 6118	22. VIOLENCE: If death was due to Accident, suicide, or fromicide	y or town) (i	Date of	(State)
18. Funeral director Address 19. Oct. 5. 19.4 5. (Date ree'd by registrat)	I. Ma. K. Banty Mil. Registrar	23. SIGNATURE Just	n-Town	M. D. oi	

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1. PLACE OF DEATH:

Registrar

AKYLAND	STATE	DEPARTMENT OF	HEALIH /
	2411 N. Ci	narles St., Baltimore	122,00

City or town .. RIDGLEY

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

Knoblev

7 007 18 1948 CERTIFICATE OF DEATH

Reg. Diat. No.

M. D. or other

ounty	ALLEGANY		***************************************	
		D write R	URAL and give nearest town) *	
low long in above place lospital, institution, or	of death?6. I street address where do MEMORTAL	AMS eath occurred HOS P	TAL	
	Institution? 6 I	JAIS	***************************************	
B. (a) FULL NAME				
SARAH	V JOHNS	ON	e, married, widowed, or divorced	
l, Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	
FEMALE	WHITE		MARRIED	_
S.(b) Name of husband o	or wifeRE	EASON	JOHNSON	
I. Birth date of		6. (4	e) If alive, give age 6.7years	
deceased (mo., day, yr	.) 00	T 15	,1889	.
8. AGE: Years		Days	If less than one day	
58 59	800	23	hrsmin.	-
Birthplace Usual occupation Industry or business	HOUSEWIF		itate)	
12. Name	ABRAHAM	PROP	ST	
13. Birthplace	W.VA			
14. Maiden name	SARAH MI	ITCHE:	JJ.	
15. Birthplace	W.VA			-
16. Informant	MEMORIAI	HOS	PITAL	
Address	MEMORIAL	AVE	NUE	-
Buria, Cremation,	or removal, Which?)	Date ther	eof Oct 10 1948 (month) (day) (year)	3
			v Cem.	
Location	Fort	Ashb	y , W , Va ,	-
18. Funeral director	Charles	L.	Peorge	
Address	Cumb	erla	nd. Md.	-
19 Oct. 9.	19.48	le	if trant M.d	

(If rural, give	LOCATION)	/
2.(a) If veteran, name war		X
	3. (b) Social Security	Number
	1 lone	·
MEDICAL CI	ERTIFICATION	
20, DATE DF DEATH OCT.8	19 48	6:55
21. I CERTIFY that death occurred on the date abo		ased from Oct 2
Oct 7 19.	N 10 00	19. 7.8
and that I last saw h	+8	192.
		DURATION
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entertinal al	robuellite	8 days.
Due to Completo.		0
		4
Due to multiple perfor	soliones and	
pelves fefetom	<u> </u>	
Biher gondiflons		
(Include pregnancy within 8	months of death)	
Major findings of operations.	nature Date of OD. OC	+7 19x1
lever with fing	Date of op.	k
Autopsy results	hich death should be charged	atatistically
22. VIOLENCE: If death was due to external car		
Accident, sulcide, or homicide		
Where did injury occur?(City or town)	(County)	(State)
Injured at home, farm, industry, public place (w		
Means of Injury	Injured at work?	

(If outside city or town limits, write RURAL and give nearest town)

MARGIN RESERVED

BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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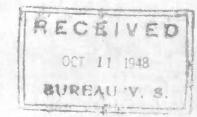
Reg. Dist. No.

County				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of State	M. Allegay Write RURAL and give has LOCATION)	rest town)
3. (a) FULL NAME					3. (b) Social Security I	Number
	Monr In	on De	27.0		o. (o) bocial becarity	Nambet
	Color or face White		ese Kefauver e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION 19×8	7 P
	************************		Kefauveryears	21. I CERTIFY that death occurred on the date abo	ve stated; that Lattended secea	19. 5/8
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death.		DURATION
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Burial TO-9-I048 (Burial, cremation, or removal, Which?) Cemetery or crematory Reformed Church Cemetery				Accident, suicide, or homicide	Date of(County)	(State)
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18. Funeral director JacobHafer Address Frostburg, Md.				Meens of Injury 23. SIGNATURE	Injured at work?	5
19. 10- 9- (Date rec'd by registr	1948	Ue	rences m Demil	1 Horac Lumber	M. D. or	other /46



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•	PLAINI'V
9.45-15M	WRITED
VS A15	PIFACE

Evidence for change in birth date shown on: MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Diat. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: How long in above place of death?.. Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) 2.(a) It veteran, name war...... How long in hospital or institution?... 3. (a) FULL NAME 3. (b) Social Security Number Lexus MEDICAL CERTIFICATION deceased (mo., day, yr.) 8. AGE: (Include pregnoncy within 3 months of death) Major fiediogs of operations..... PHYSICIAN: Please noderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did Injury occur?(City or town) Injured at home, tarm, industry, public place (where?) Injured at work? Means of Injury



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10035

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Surb. Sur			
Street No. COMBERIAND In which is above piece of death? 2 has been piece of death? 2 has been piece of death? 3 has been piece of death? 4 has been piece of death? 5 has been piece to two highles, any piece to two highles, any piece to two highles, and give no piece to two highles, and highles, and highles, and highles, and highles, and hig	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
tiew long in above place of death? South long in above place of death? Street long in hospital or institution, or street address when fail accurred. How long in hospital or institution, or street address when fail accurred. Street lon. Street lon.	County ALLEGANI	Macun Mollegame	,
Row long in hospital or institution? 2 HRS & 5 MINUTES 3. (a) FULL NAME KESSLER BABY BOY 3. (b) Social Security Number 3. (c) FULL NAME KESSLER BABY BOY 3. (b) Social Security Number 3. (c) Full NAME KESSLER BABY BOY 4. \$2.	(if outside city or town limits, wr. RURAL and give nearest town)	out of Cumberand	
Row long in hospital or institution? 2 HRS & 5 MINUTES 3. (a) FULL NAME KESSLER BABY BOY 3. (b) Social Security Number 3. (c) FULL NAME KESSLER BABY BOY 3. (b) Social Security Number 3. (c) Full NAME KESSLER BABY BOY 4. \$2.	How long in above place of death? 25 mins	(If outside city or town limits, write RURAL and give nearest town)
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3. (a) FULL NAME KESSLER BABY BOY S. Color or recy MALE S. Color or recy S.			
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12. Name			1 7
8. AGE: Years Months 2HRS,5MIN CUMBERLAND MARYLAND ALLEG 9. Birthplace. (Town, county, and atate) 10. Usual occupation. 11. Industry or business EXESSLER, BERNARD Law 13. Birthplace MARYLAND 14. Maiden name@ CHENOWITCH MARY JANE 15. Birthplace MARYLAND 16. Informanl Address CUMBERLAND 17. CREMATION. (Burial, cremation, or removal, Which?) Cemetery or crematory. MEMORIAL HOSPITAL, (month) ((aay) /(year)) Location CUMBERLAND, MD, MD, (State) 18. Funeral director. (City or town) (County) (State) 18. Funeral director. (City or town) (County) (State) 19. Injured at home, farm, Industry, public place (where?) Means of injury injured at work?	7. Birth date of	and that I last saw h	
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Cumberlan County MEMORIAL HOSPITAL. Location Cumberland MD. Injured at home, farm, industry, public place (where?) Meens of injury Address	CREMATION Date thereof Cot. 4, 1948		
Location CUMBERLAND MD Injured at home, farm, industry, public place (where?) 18. Funeral director Macabour Address	(martin) are the control of the cont		***********
18. Funeral director			
18. Funeral director			************
19. Och 4 19 48 U.S. Freendram Registrar Address Address Address Address	18. Funeral director	meens of injury	
19. Och 4 19. 4 8 M. D. or other (Date rec'd by registrar) Registrar Address Baie signed		De Olin B Mal	1
(Date rec'd by registrar) Registrar Address	Och + 48 MR through M.A	23. SIGNATURE	f
	(Date rec'd by registrar) Registrar	Address	**********



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information carefully. The correct age of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEPTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For lewborn infants give residence of mother) State
How long in hospital or incitulion?	2.(a) if veteran, name war
3. (a) FULL NAME Winning King (Sv. 2) 4. Sex 5. Color or race 6. (a) Single, married, with Wed, or divorced	MEDICAL CERTIFICATION MANA 22 440 3
semale me singe	20, DATE OF DEATH COLD 19.7.6 at
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12 01 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Birth date of deceased (mo., day, yr.) march 7 1889	
8. AGE: Years Months Days it iess than one day 7 / 5	Immediate cause of death Corney Ollusia & day
9. Birthplace	Due to
10. Usual occupation	Charity)
11. Industry or business Suff — The suff of the suff o	Other conditions
& and Halen	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
≥ 15. Birthplace	Date of op.
16. intermant. Suster Lovetta	Autopsy results
Address 215 Decation st.	
17. Parallel Date thereof Off 25 48. (Burial, cremation, or removal Which?) Date thereof Off 25 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, flit in the following: Accident, suicide, or homicide
Cemetery or crematory She Ontrolly Cem	Where did mjury occur?
Location A Construction of	Injured at home, farm, industry, public place (where?)
18. Funeral director danio Stein 9 ac	Msens of Injury Injured at work?
Address Combaland	23 SIGNATURE fr. alped Va Olmer, 1)
19. (Date rec'd by registrar) 18 4 8 Co. R. Dauly Registrar	Address Cunford, m. Date signed 2 200.4

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes RESERVED FOR MARGIN PLEASE WRITE PLAINLY, '

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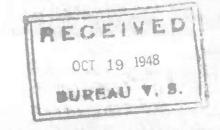
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State
Mary Letitia Lamber	Those .
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. October 13. 19.48. 21.115 P.
6.(b) Name of husband or wife	21. I CERTIEN that death occurred on the date above stated: that I attended deceased from 19.7% 10.00 19.7% 10.00 19.7% 10.00 19.7% 10.00 19.7%

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WITH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, is especially

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9-45-15M

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MARGIN RESERVED FOR BINDING

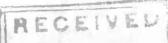
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

301

CERTIFICA	ATE OF DEATH Reg. Diat. No. 4
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME George Andrew Lap	3. (b) Social Security Number 705-05-4779
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 2D. DATE OF DEATH October 22 19.48 21.8120. A.
6.(b) Name of husband or wife ELA Bell Televelie 7. Birth date of deceased (mo., day, yr.) April 26, 1882 8. AGE: Years Months Days If less than one day 6.6 5 26 hrs. 9. Birthplace Erastong Allagany Mary Jary and 7 (Yown, county, and gate) 10. Usual occupation. Tipatiter Televel 11. Industry or business Bar D Pailroad 12. Name Andrew Lapp 13. Birthplace Germany 14. Maiden name Pargaret E. Wagner 15. Birthplace Germany 16. Informant Arab William B. Vates Address Frootburg, Md. 17. Burial Germation, or removal. Which?) Cemetery or crematory Hillarest Burial Park Location Change Carlot Change County (month) (day) (year) Location Change Carlot Change County (May) (year) 18. Funeral director Address Carlot Change C	Immediate cause of death DURATION Due to Due to Diher conditions (Include pregnancy within 3 months of death) Major findings of operations Date of op. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Maens of injury 23. SIGNATURE M. D. or other





OCT 16 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10040

CERTIFICA	ATE OF DEATH Reg. Diat. P	Vo
in PLACE OF DEATH: Sounty Of the County of	2. USUAL RESIDENCE (HOME) OF DECEASED: (Expression infants give residence of mother) State County C	rive nearest town)
How long in hospital or institution?	2.(d) If veteran, name war	
3. (a) FULL NAME Soms William Va 4. Sep 5. Color or race 6. (a) Single, married, widowed, or divorced Male Mate Samuel	MEDICAL CERTIFICATIO 20. DATE OF DEATH. O. J. 19.	5-6679 N
6.(b) Name of husband or wife Gatthurine Schellhans. 6.(c) If alive, give age ye 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attend	led deceased from
8. AGE: Years Months Days If less than one day	Immediate cause of death Myocardial infarction	
9. Birthplace	Myocarditis, chronic Due 10.	
12. Name Am L. Tippoly In 13. Birtholace	Other conditions	
14. Maiden name nathrilda Shorking 15. Birtholace 16. Informant has batthissine Inford	Major findings of operations	•••••
Address 17. Date thereof (month) (day) (year) Cemetery or crematory. A Latter to the control of the control o	22. VIOLENCE: If death was due to external causes, fill in the following Accident, suicide, or homicide	(State)
18. Funeral director String Stein Grac Address Communication	Means of Injury Injured at home, farm, Industry, public place (where?) Injured at wor	
19. Oct. 19 1948 lock Frants Million (Date ree'd by registrar)	23. SIGNATURE Address Cumberland, Md. Date	M. D. or other signed 10-18.

BINDING FOR RESERVED MARGIN

A115



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CERTITICAL	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL; RESIDENCE (HOME) OF DECEASED: (For dewborn infants/kive residence of mother) State County City or town (If outside city or town limits, grice RURAZ and/give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
3.(a) FULL NAME SHARLERN LLANGE.	Sand None
4. See 5. Color or race 6. (a) Single, matijed, widowed, or divorced of	MEDICAL CERTIFICATION 2D. DATE OF DEATH. 2D. DATE OF DEATH. 2D. DATE OF DEATH. 2D. DATE OF DEATH.
6.(b) Name of husband or wife 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) Och 11 1948	and that I last saw h
8. AGE: Years Months Days If less than one day	(3)
9. Birthplace (Town, county, and state) 10. Usual occupation.	Due to
11. Industry or business 12. Name Paymond R. g., g., 13. Birthplace Dlum R. g.,	Other conditions
14. Maiden namedansa Inse Childress 15. Birthplace Tynsk lang Va	Majur findings of operations
16. Informant	Autupsy results
17. (Burial, cremation, or remove). Which?) Cemetery or crematory	Accident, suicide, or homicide
18. Funeral director Anis Stein One	Injured at home, tarm, Industry, public place (where?) Meens of Injury Injured at work?
19. Oct. 13 19 48. W. Fanty, M.S. Registrar)	23. SIGNATURE DAM Shumb, or other M. D. or other Address 4 Sand Strill 9



WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

164C

10042

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: County Allegany		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
		" Allogume			
City or town Rural	Evi.t.ts	Cree	k B&O.R.Ry br		
How long in above place of death?justa. fewinutes		City or townCumberland	ts, write RURAL and give nearest town)		
Hospital, institution, or stre	eet address where	death occurre	i:	214 Park St.	
		-	bridge) !	e LOCATION) .
	titution?			2.(a) If veteran, name war	
3. (a) FULL NAME					3. (b) Social Security Number
vir	gil L N	CElfi	sh		705-07-9530
4. Sex 5.	. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION about
male	White	div	orced	20, DATE DE DEATH OCT 27	19.48 at 4 P.M
6.(b) Name of husband or v	nite Eva	ma	Landis Mc Elf	21. I CERTIFY that death occurred on the date ab	
			/	.19	19
7. Birth date of			c) If alive, give age	and that I last saw him.all Gald	Oct. 27 19 48
deceased (mo., day, yr.)	May 9	L895 Days	I If less than one day	Immediate cause of death	
8. AGE: Years				Intracranial hemo	rrhage at once
53	1 5	18	hrs m	in.	
9. BirthpiaceRu	sh Mo	i.			bullet wound
			ght conductor	9	outh in skull
			RIT.OCOLLEGIC.DOT	oue to a 32 caliber a	utomatic revolver.
11. Industry or business			•		
12. Name Luther McElfish 13. Birthplace Rush Md.				Other conditions nervousnes	S
				(Include pregnaticy within 3	months of death)
14. Malden name .E.	lizabe	th J.H	inkle	Major findings of operations	
14. Maiden name .E.	Rush	1 Md	•	Ittalet Italians et eperados	
	Richa	rd Zei	nbower	Antonsy results.	
10. talulmant			mberland, Md.	PHYSICIAN: Please underline the cause to w	which death should be charged statistically.
				22. VIOLENCE: If death was due to external ca	
17. Burial (Burial, cremation, or	removal. Which	Date then ?)	enfOct. 30,1948. (month) (dsy) (year)		de Date ofOct27-48
Cemetery or crematory		Hill		Where did injury occur? .Cumberla	nd Allegany Md.
	erland			Injured at home farm industry public place (where?) Evitts GreekR Ry
LUCSION		A		Means of Injury as above	injured at work? no
18. Funeral directorH				Beputy Medical Exa	miner - Allegany Sa.
Address	umberl	and, M	lā.		
Dat . 2	11 . 4 8	1	up trout m.		M. D. H. V. During M. D.
19. Oct 3 (Date rec'd by regist	rar)		Registr	ar Address Cumberland Md.	Date signed 10-27-48



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WITH UNFADING INK. Supply every item of information carefully. The co-important. Physicians: please write the causes of death clearly and legibly.

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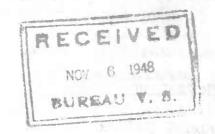
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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME WILLIAM L. McFARLAND	3. (b) Social Security Number 705-10 - 7601
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced MARRIED	MEDICAL CERTIFICATION 20. DATE DF DEATH OCTOBER 30th 1948 3, 2:20
6.(b) Name of husband or wife MAUDE V. MICKEY 1. Birth date of deceased (mo., day, yr.) MARCH 4 1876 8. AGE: Years Months Days If less than one day 72 7 26 hrs. min. 9. Birthplace	21. I CERTAFY that death occurred on the date above stated; that I attended deceased from 19
Address CUMBERLAND, MD. 17. BURLAL Date thereot. May (war) Cemetery or crematory A. BARGER CEM: Location MAD LEY PA 18. Funeral director Location Stain Successful Stain Stain Successful Stain Stain Successful Stain Stain Successful Stain Stain Successful Stain Sta	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide



2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

CLRITICAL	Reg. Dist. No.
1. PLACE OF DEATH: County Clif outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospitat, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Couchy City or town (If outside city or town limits, write RURAL and give Acarest town) Street No. (If rural, give LOCATION)
How long In hospitat or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Local Market Miles	3. (b) Social Security Number MEDICAL CERTIFICATION
7 W. mayeed	20 DATE OF DEATH 10-7-48 1964 2
6.(b) Name of husband or wife Allen. M. Miller 7. Birth date of deceased (mo., day, yr.) Sec. 74, 1862	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days If less than one day 8. AGE: Years Months Days If less than one day 9. 10 hrs. min. 8. Birthplace Oreston County M/a:	Juhra bramal Hein orr hage 3 Lay
10. Usuat occupation	Due to
12. Name ? Duvalle ?	Other conditions
14. Maiden name	Major fiadings of operations.
14. Malden name	Major inadings at aperadans. Date of op.
1 01- 11 01.	
16. Informant Malter Wall	Antapsy resulta
Address Crayma Oct Cumbriane 17. Charles, cremation, or removal, Whigh?) (Burial, cremation, or removal, Whigh?)	22. VIOLENCE: If death was due to externat causes, till in the following: Accident, suicide, or homicide
Cemetery or crematory Millie Cem.	Where did injury occur?
Location Dickardy, md.	Injured at home, farm, industry, public place (where?)
18. Funeral director assures 7. Scarfellion Address Cionlesland miles	Means of injury Injured at work? I Street to very lie to
19. (let 8 1948 ms E,a. Thankot (Date rec'd by registrar) Registrar	Address Pauls Faus 162 Va Date signed 1.Q. 7-4

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

10045

CERTIFICATE OF DEATH

		CERTIFICAT	E OF DEATH	Reg. Diat. No.
1. PLACE OF DEA		Md.	2. USUAL RESIDENCE (HOME) OF DECE (For newborn infants give residence of mother)	ASED:
cia a la Kura	1)about	2 miles from Cumber 1	and Md. County	Allegany
(If o	of death? a DOU.	its, write RURAL and give nearest town) t 16 hours. eath occurred: In Wills Creek	City or townCumberland (If outside city or town limits, write l	RURAL and give necrest town)
Hospital, Institution, or	street address where d	eath occurred: In WIIIs Creek	1 SHEET ROSc Addada. W. M. M. W. W. W. W.	
N.end or	Locust G	rove, under B&O.R.Ry.	(If rurel, give LOCAT)	ION)
		ige.	2.(a) If veleran, name war	
3. (a) FULL NAME	E		3. (8) Social Security Number
Louis	C.Mille:	r	70	05-10-7784
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIF	FICATION
35-3-	7177	Married	20. DATE OF DEATH. Oct. 17	about
Male	White			
		S.Park Miller	21. I CERTIFY that death occurred on the date above slated	
7. Birlh date of		6.(c) If allve, give age5.4years	and that I last saw h im aliDead Oct.	17 10 48
7. Birth date of deceased (mo., day, y	Dec. 15	-1887	Immediate cause of death	
8. AGE: Years	and the same of th	Days If less than one day	Pulmonary hemorrhage	
60	10	2min.	- Fallionary memorrhage	3 4 54
		Pa ounty, and state)	Due to a punctured right	lung from
			fractured ribs	
		r for W.Md.R.Ry.	Due to a fall from a B&O. I	
11. Industry or business		Division.	35Ft.into Wills Creek	
12. NameC.OI		Miller	Other condition Cutaneous Emphys	
	Ediston	Pa.	small puncture wound	peneath angle of
14. Maiden name		herine Pressman	right jaw, small with contus	ight ear.
≦ 15. Birthplace	Cumberla	nd, Maryland		Date of op
16. Informant	1. D. Den	reng, [] ,	Actopsy results	
Address / 2	25 1500	Sohd St. City	PHYSICIAN: Please noderline the caose to which deat	
			22. VIOLENCE: if death was due to external causes, fill i	n the following;
	or removal. Which?)	Dale thereof Oct 20,1948 (month) (day) (year)	Accident, suicide, or homicideaccident.	Date of LU. LD. 40
Cemetery or cremato	Rose H	ill Cemetery	Where did injury occur? Cumberland (City or town)	(County) (State)
Location	Cumber	land, Md.	Injured at home, farm, industry, public page freite	Locust Grove
		Welford	Means of Injury Fell from B&O.R.	Buyed at work? no
10 1	remen		23. SIGNATUREH. V. Deming M.D.	H.V. During M.D.
19. (Date rec'd by re	20 1948	les Maus Registror		Date signed10-18-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charfes St., Baftimore

CERTIFICATE OF DEATH

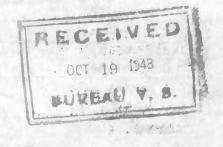
Reg.	Diat.	No.	 4
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

	Reg. Dist. No.
1. PLACE OF DEATH: Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
www.tf	State Maryland County Allegany
City or town	Own) 7S City or town. Cumberland (If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where death occurred:	b wempe Drive
6 Wempe Drive	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Catherine Robinson Minke	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorce	ed MEDICAL CERTIFICATION
Female White Widowed	
	20. DATE DF DEATH. Oct. 13 19 48 at 11:10
6.(b) Name of husband or wife Jacob J. Minke	21. I CERILFY that death occurred on the date above styled: that I affended deceased from
7. Birth date of deceased (mo., day, yr.) Sept. 20, 1879	and that I last saw h D alive on Duration Duration Duration
8. AGE: Years Months Days II less than one day 69 0 23	acute llephreles Orie we
9. Birthplace Cumberland, Allegany Co., Md. (Town, county, and state)	Due to.
1D. Usual occupation	Due to
Jacob Robinson	Other conditions My ocar liles Not kno
13. Birthplace Cumberland, Md.	
2 13. Birthplace	(Include pt gnancy within 3 months of death)
14. Maiden name Rachel McKenzie	Major fiediogs of operations.
2 15. Birthplace Cumberland, Md.	Date of op.
16. Informant Thomas E. Minke	Actorsy resolts.
Address 6 Wempe Drive	PHISICIAN: Please ooderine the caose to which death should be charged statistically.
17. Burial (Burial, cremation, or removal, Which?) Oate thereol 10/16/48 (month) (doy) (22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
Cemetery or crematory St Peter & Paul Cemetery	
Location Cumberland, Md.	
18. Funeral director William H. Kight	an and the second of work?
Address 19 48 Luk Tranta,	M.D. Gother W.D. G

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	every item of information carefully. The te the causes of death clearly and legible
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OR BI	every
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CEDTICICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residences of mother) State. Couoly
3. (a) FULL NAME 4. Sep. 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH.
6.(b) Name of husband or wife 6.(c) If allve, give age	20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from D2C 19. # 6 and that t last saw h. M. alive on 20. DEATH. Immediate cause of least. Cerebral Yascular Cecebrat Due to Cerebral Catrinoscleroffs # Hyper frugicum Due to.
11. Industry or business 12. Name 13. Birthplace 14. Maiden name Phoda On Kingu 15. Birthplace 16. Informant Sillie Onomia	Other conditions
Address 330 arrora are Salame Ind 17. Burillo Date thereof (togoth) (day) (year) Cemetery or crematory arrows ar	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide



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DURATION yrs.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

23. SIGNATURE H. V. Deming M.D.

Address Cumberland Md.

Deputy

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1	3	1	Ch

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	-
County	(For newborn infants give residence of mother) State	wn)
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) if veteran, name war	
3.(a) FULL NAME C. Elizabeth Mulligan	3. (b) Social Security Numbe	T
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female white married	2D. DATE DE DEATH Oct. 30 1948 21 8	4
7. Birth date of deceased (mo., day, yr.) All ay 7. FFF / FF	and that I last saw h. er all Dead. Hov. I Immediate cause of death. Chronic Myocarditis 7	19 DUR
12. Name Charles Hiner 13. Birthplace Willishing Pa 14. Maiden name Mary Ann Miller 15. Birthplace Mr. Sange, Mod	Condition with hypertention. (Include pregnancy within 3 months of death) Major findings of operations. Date of op.	
Address The Boundary Company (Burial, overnation, or removal, Which?) Cemetery or crematory Location Location	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistics. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	e)
00/8/1-	Means of injury injured: at work?	-

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18. Funeral director

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information carefully of death clearly and

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH Reg. Diat. No.		
1. PLACE OF DEATH: County	MADVIANII) a di CADDETTINI		
4. Sex 5. Color or race δ.(α)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
FEMALE WHITE MARRIED	20. DATE DE DEATH		
6.(b) Name of husband or wife THOMAS NAIR 6.(c) It alive, give age 52 years 7. Birth date of deceased (mo., day, yr.) MARCH11, 1897 8. AGE: Years Months Days it less than one day 51 # 6 # 26 hrs. min. 9. Birthplace MARYLAND 10. Usual occupation HOUSEWIFE 11. Industry or business 12. Name LYDGE UPHOLD 13. Birthplace MARYLAND 14. Maiden name BELL 15. Industry or business	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		
16. Informant MEMORIAI HOS.PIT.AL Address MEMORIA AVE CITY 11. But a Date thereof Control (month) (day) (year) Cemetery or crematory Control (month) (day) (year) Location Control (month) (day) (year) 18. Funeral director Control (month) (day) (year) Address Control (month) (day) (year) 19. Control (month) (day) (year) Pubate rec'd by registrar)	Autupsy results. PHYSICTAN: Please underline the cause to which death should be charged statistically. 22. VtOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide		

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ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

PLAINLY, WITH LINE is especially important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CEDTIFICATE OF DEATH

CERTIFI	ICATE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother) State County County County (If outside city or town limits, write RURA) and give nearest town) Street No. 160 (If rural, give LOCATION) 2.(a) If yeteran, name war.
3. (a) FULL NAME	
Olvira re	al 3. (b) Social Security Number
Finale Colored Harmed.	MEDICAL CERTIFICATION 20. DATE OF DEATH CET 19 48 31 7 9
6.(b) Name of husband or wife Rolland Deal 7. Birth date of deceased (mo., day. yr.) Alm 1968	21. I CERTIFY that death occurred on the date above stated; that I attended deceases from 19. 4 5 and that I last saw harmalive on 19.4 5 Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	min.
9. Birthplace. County, and atate) 10. Usual occupation	Due to
12. Name Parta Unknown	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name Theman	Major findings of operations.
16. Informant Per Gloyd I Stored	Autopsy results
Address 17. Date thereof. (month) (day) (you completely or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Berille, la.	Injured at home, farm, Industry, public place (where?) Means of injury Injured at work?
Address Combined.	M. D. or other
19. (Date rec'd by registrar)	Registrar Address Date signed 8 48

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DR SIMONS

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State MARYI (AND County ALLEGANY City or town CUMBERI AND (If outside city or town limits, write RURAL and give nearest town) Street No. 119 FREDERICK ST (If rural, give LOCATION) 2.(a) It veteren, name wer
3. (b) Social Security Number
MEDICAL CERTIFICATION
20. DATE OF DEATH. OCT. 28 6:55
21. I CERTIFY thet deeth occurred on the date above steled; that I attended decessed from 9/1 years end thet I lest sew h drawn elive on 1 5/2 8/1 4/8 19 Immediate cause of death DURATION
Cardia deconjuration
min.
Due to
Autopsy results
22. VIOLENCE: It death was due to externat ceuses, flit in the following; Accident, suicide, or homicide

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No.....

7						
1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Allegany		State Aldrey Law Sounty & Jan Vilto				
Clip or town. Cumberland (1r outside city or town limits, write RURAL and give nearest town)			/	***************************************		
How long in above place of deal!	h^2 33 da	ys	***************************************	City or town (12 outside city or town limits, w	rite RURAL and give neare	st town)
Hospitat, Institution, or street				Street No. 1544 5 6 5	***************************************	
Allegany Hosp How long in hospital or institut		dare		(If rurai, give LO		
	ion?			2.(a) If veleran, name war		
3. (a) FULL NAME			The state of the		3. (b) Social Security No	umber
Marshley	Lynne	Perando	A PARTIE OF		None	
201111		(a) Single, married, w	ridowed, or divorced	MEDICAL CER	TIFICATION	
remare	White	Single		20. DATE OF DEATH October 16th	i 18.	5 A
A 413 H = 1121 1 - 4 - 1142			h*	21. I CERTIFY that death occurred on the date above s		
6.(b) Name of husband or wife.				0 4 11		
7. Birth date of	~	6. (c) If alive, g	ve ageyears	and that I fast saw h EY glive on Oct		
deceased (mo., day, yr.)		ber 13th		Immediate cause of death Mening		DURATION
8. AGE: Years			han one day	(Non-communicable)		*************************
		7				*************************
9. Birthplace Memori	al Hosp.	ital, Ci	umberland,	Due to Spin Befolu	Cargeital	***************************************
	•		Md.	0 0	0	w
10. Usual occupation	*************	•••••••		Due to		**********************
11. Industry or business	and and after	T)			00.000000000000000000000000000000000000
E 12. Name Benj 13. Birthplace Ki			erando.	Other conditions . Athering . Clink	ET.	***************************************
X 13. Birthplace Ki	tzmille	r, Ma.		(Include pregnancy with a 3 month	vaccionall of	
E 14. Malden name	arbara 1	Martin.	*****************************			
15. 9irthplace ROSW	ell, Nev	w Mexico		Major fiediogs of operations		
14. Malden name	Barbara	Perando		A 413 - 34		
Address Deer				PHYSICIAN: Please underline the cause to which		
			3012-110	22. VIOLENCE: If death was due to external causes,	fill to the following:	
Burial (Burial, cremation, or rem	oval. Which?)	afe thereof	. 17th/48 onth) (day) (year)	Accident, suicide, or homicide	Date of	,
Cemetery or crematory				Where did injury occur?(City or town)		
	r Park,		······································			
		X.	7 19 11	Injured of home, form, Industry, public place (where?		************************
18. Funeral director.	usou	10,10	olalu,	Means of Injury	Injured at work?	
Address lak	lake	de.	med.	211.1	3/1/	
Oak 17	118	11.0 =	trant mail	23. SIGNATURE	M. D. or	other
19. (Date rec'd by registrar)	19	MAN - O	Registrar	Address 112 Bedford Sit	· Note closed	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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10053

CERTIFICATE OF DEATH

eg. Dist. No.

/	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County County
How long in above place of death? ####################################	City or town
13.5 MC Cullelle St	Street No. 35 Me Colorador (16 rurol, gl/s LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	1. Slove Person 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widoved, or divorced	MEDICAL CERTIFICATION
Temple tolute marker	20. DATE OF DEATH. 2 34 9 34
6.(b) Name of husband or wife Perdus	21. I CERTIFY that death occurred on the date above stated; that I attended eceased from
7. Birth date of 6. (c) If allive, give age 69	years 1946 po OC 7 1946
deceased (mo., day, yr.) Jan. 25-1883	and that that saw h lalive on 15/8. Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION Service Service
63 9 /2hrg.	mip. Marile
9. Birthplace Mown, county, and state)	Due to.
10. Usual occupation	
11. Industry or business	Due to
12. Name 3. September 13. Birthplace 3. September 13. September 13. Birthplace 3. Sept	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Dans Burst Bur	(Include pregnancy within 8 months of death) Major findings of operations.
15. Birthplace Gughtledand, Jud	Date of on.
16. Intermant Mr Charge Turdley	Autopsy results
Address 135.Mg Coullol St Frostling	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day (year)	Where did Injury occur?
Tantle hill	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
Conflict -	Meens of Injury University, public prace (wherey)
18. Funeral director	and and a
Address thatting, Ma	23. SIGNATURE DO Jane Jane
19. O- 19. 19. 18. Manual No. 19. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	E Frosthug Md M. D. or other
/ Regist	Aduress. Bate signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County City or town: (1) Optimide city of town fimility, frite BURAL and give nearest town) How long in above place of death? Rospital Institution, or street eddress where leath occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAN and give neorest town) Street No. (If rural, give LOCATION) 2.(a) If relevan, name war
	Z.(a) II veleran, name war
3. (a) FULL NAME Wayel Hung	3. (b) Social Security Number
4. Sex 5. Color or race 5. Color or race 6. (b) Name of husband or wite	MEDICAL CERTIFICATION 20. DATE DF DEATH. O Tober 24 19 48 10:20 P M 21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19 48 10 / 2 4 19 48
7. Birth date of years	and that I leat asw h. 21 slive on
8. AGE: Years Months Days If less than one day 24hrs. min.	Immediate cause of death DURATION 5-2 hrs.
9. Birthplace (Town, county, and state)	· Bue to Che Depertension 15 year
10. Usual occupation	Due to Gen lized alleriosclerois
12. Name Streets 13. Birthplace Ta	Diher conditions
14. Maiden name Poller Autobace	(Include pregnancy within 8 months of death) Major findings of operations
16. Informant Mrs Mellin Symmany land	Autopsy results
17. (Burial, eremation, or removal, Which) Bate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemelery or evenature	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?) Meana of Injury Injured at work?
Addreas Fronting my	a court of Trank T. Hand ms.
19. 10 - 26 19 F Med Laury N The Registrar	Address S. E. Main St. Fristing, Md. Date algred 10/26/48



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MARYLAND STATE DEPARTMENT OF HEALTH

10055

CEDTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DEC (For newborn infants give residence of mother	Reg. Diat. No.
(For newborn infants give residence of mother	CEASED:
Circle No. R. a. H. a. D. a. 6. Roberts I	Place
	(b) Social Security Number 217-10-6364
MEDICAL CERT	IFICATION
20. DATE DE DEATH Oct. 15	
and that I last saw h i Mall Dead Oct.	. 15 48
Coronary occlusion	
Due to	
Major findings of operations	
Autopsy results	eath should be charged statistically.
Accident, suicide, or homicide	Date of
Injured at home, farm, industry, public place (where?) Means of injury Deputy Medical Examin 23. SIGNATUREHVDemingM.D.	Injured at work? The state of
Si 2. 21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Itreet No. R. H. D. 6 Roberts (Ifrural, give LOCA (Ifrural, give LOCA). (a) If veteran, name war. 3. 2



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information carefully. The cof death clearly and legibly.

ADING INK. Supply every item of Physicians: please write the causes

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MARGIN RESERVED FOR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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10056

CERTIFICATE OF DEATH

Rog. Diat. No.

	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or lown. CUMBERLAND, MD. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 DAYS	State. MARYLAND. County ALLEGANY. City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: MEMORIAL HOSPITAL How long in hospital or institution?	Street No
3. (a) FULL NAME MASTER THOMAS C. PRATT	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE SINGLE	20. DATE DE DEATH. OCTOBER 8, 19.48 212:10A.
8. (b) Name of husband or wife	19 10 8 00 19 2.0
9. Birthplace	Due to
12. Name THOMAS L. PRATT 13. Birthplace PENNSYLVANIA	Spleno megal (Include pregnancy within 3 months of death)
14. Malden name PHYLISS EMMERT MARYLAND 15. Birthplace	Majur fiudiugs uf uperatiuus
16. Informant. MEMORIAL HOSPITAL MEMORIAL AVE	Autupsy results PHYSICIAN: Please underline the cause tu which death shund be charged statistically.
Address 17. Maria Date Ihereof Oct (month) (day) (year) Cemetery or crematory Advantage Carrelling (month) (day) (year)	22. VfOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Creseptour, and	Injured al home, farm, Industry, public place (where?)
18. Funeral director annes 7. Scarpella Address Cumbrilans, must	Means of Injury Injured at work? 23. SIGNATURE Deeller B Meelward
19. Och Bull 1948 WK. Orang, M. o. (Date rec'd by registers)	M. D. or other Address Date signed Old U.

TI GELLA TA TELEVISIONE DE LA MENCIO



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Supply every item of information care please write the causes of death clearly

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Baltimore

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CEDTIFICATE OF DEATH

CERTIFICA	ATE OF DEATH . Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospitel or institution?	2.(g) It veteran, name war
3. (a) FULL NAME	3. (0) Social Security Number
4. Sex 5. Color or race 6.(a)Singly, married, widowed, or divorced	MEDICAL CERTIFICATION
Finale White Single	20. DATE OF DEATH OLL 9 1948 21 2 A.
6.(b) Name of husbend or wife	21. I CERTIFY the death occurred on the date above stated; that I aftended deceased from
7. Birth date of	and thef I lest sew h. 21 elive on Oct 8
8. AGE: Years Months Days It less than one day	Immediate cause of death Severalized pent tom tes 24 h
9. Birthplece All Maring All gary In (Town, county and atate) 10. Usual occupation	d. Due 10 Perforated Carcinama? Due 10. Due 10. Due 10.
11. Industry or business 12. Name Danies 13. Birthplace	Diher conditions Carthosis of live >
	(Include pregnancy within 3 months of death)
	Major hadings at aperations.
16. Informant Pres Sylvia Schwele	Antopsy results. A Love PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Combisland	
17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If deeth was due to external causes, fill in the following: Accident, euicide, or homicide
Cemetery or crematory 6 ask Vsein 6 era	Where did injury occur? (City or town) (County) (State)
Location Company	Injured at home, farm, induetry, public place (where?)
18. Funeral directo Attano Steam San	Meane of injury Injured at work?
Address Comberland	23. SIGNATURE M. D. or other
1 1/2/ 11 1/V /11/ brant M.	M. D. or other

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Registrar Address 115/5. Centre St Date signed 10-9-48 (Date rec'd by registrar) .19 4



MARYLAND STATE DEPARTMENT OF HEALTH

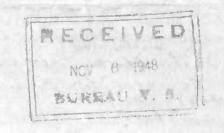
CERTIFICATE OF DEATH

(1)		EPARTMENT OF HEALTH es St., Baltimore 934	10058
ect age		TE OF DEATH	Reg. Dist. No.
information carefully. The corror death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAI. RESIDENCE (HOME) O (For newborn infants give residence of State	mother) uoly Allegany nd us, write RURAL and give nearest town)
nati	3. (a) FULL NAME		3. (b) Social Security Number
orr	G eorge Albert Reagan	STATE OF THE PARTY	705-12-0913
in in in of	4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
NC 1 of	Male White Widowed	20. DATE OF DEATH Sctober 12	18/ jon 48/23 I
MARGIN RESERVED FOR BINDING WITH UNFADING INK. Supply every item of important. Physicians: please write the causes	5.(6) Name of husband or wife Theresa E. Reagan 5.(6) Name of husband or wife 5.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 74 8 20 hrs. min. 9. Birthplace Mt Savage, Allegany Co, Maryland. (Town, county, and state) 10. Usual occupation Boiled Maker 11. Industry or business Baltimore & Ohio Railroad 12. Name Jermiah Reagan 13. Birthplace Cumberland, Md. Catherine Oakes	21. I CERTIFY that duality occurred on the daty at 19. and that I last saw harre on	ovalstated; that i prepared the ceabyful from 19 DURATION
(T) Ha	E 14. majoen name	Major findings of operations	
T HILL HILL			Date of op
VS A.15 9-45-15M PLEASE WRITE PLAINLY, is especially	Miss Catherine Reagan Address Corner Hilton & Clifton Ave Wallbrook, Burial Baltimore, Waryland, (Burial, cremation, or removal, Which?) Cemetery or crematory St. Patricks Cemetery Location Mt Savage, Ind. 18 Funeral director William H. Kight Address Cumberland, Ind. 19 Oct. 28 19 48 19 19 19 19 19 19 19 19 19 19 19 19 19	Where did Injury occur? (City or town) Injured at home, farm, industry, public place (n Means of Injury 23. SIGNATULE	uses, fill in the following; Date of (County) (State)

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Address.



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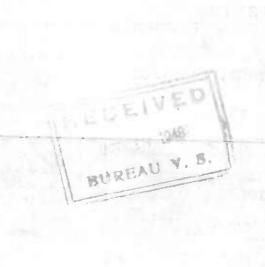
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10060

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
CountyALLEGANY	
City or town	State County County County City or town PAW PAW (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
MEMORIAL HOSPITAL	Street No. (If rural, give LOCATION)
How long in hospitat or Institution? 10 DAYS	2.(a) 1 veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
ROBERTSON, LAURA MRS	More
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION
7,000,000	20. DATE DF DEATH
6.(6) Name of husband or wife ROBERTSON, HARRISON	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of 7. Bir	and that I last saw held alive on 19
7. Birth date of deceased (mo., day, yr.) MARCH 18 1891	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Meridia Cause II death
57 6 13hrsmin.	
MARYLAND	- Land Land
9. Birthplace	Due to Charles of the state of
1D. Usual occupationHOUSEWIFE	aught of majore
	Due to Charles The Comment of the Co
11. Industry or business	L. J. C. M. J. M. J. C. M. J. M. J. C. M. J. J.
GRACIE, JAMES 12. Name. GRACIE, JAMES 13. Birthplace MARYLAND	Dther conditions
	(Include pregnancy within 3 months of death)
GASTER, MARGARET	
GASTER, MARGARET 14. Malden name MARYLAND 15. Birthplace	Majur fiadiags of operations.
	Date of op.
16. Intermant MEMORIAL HOSPITAL CUMBERLAND, MD	Autupsy results
Address	22. VIOLENCE: It death was due to external causes, fill in the following:
17. Burial Date thereof 10/4/48 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Green Ridge Cemetery	Where did injury occur?
Localion Green Ridge, Md.	Injured al home, farm, Industry, public place (where?)
18. Funeral director. W. D. Parks	Means of injury tnjured at work?
Address Berkley Springs, W. Va.	(/ VIII / 2MA
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23. SIGNATURE D. or other
19. (Date rec'd by registrar) Registrar	Address where and Make signed 10/4/48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

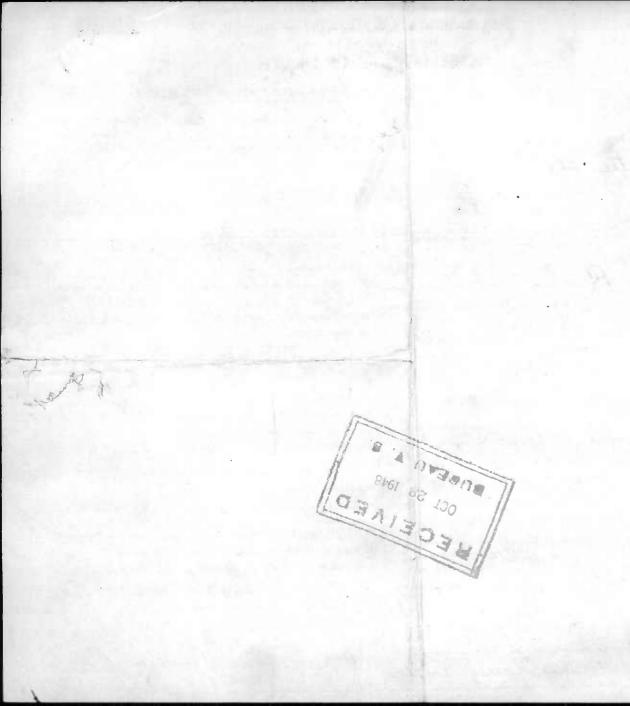
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10061

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:			
County County	***************************************	2. USUAL RESIDENCE (HOME) OF	F DECEASED:
City or town. (If potside city so town smits, w	rite RURAL and give nearest town)	State 27 d. Cour	1:00
How long in above place of death?	ars	City or town 2/2 Canada	
Hospital, Institution, or street address when death oc	curred;		write RURAL and give nearest town)
2/3 Centre St.		Street No. J. 2011	had:
How long in hospital or institulien?		(If ruppi, give I 2.(a) If veteran, name war	LOCATION)
3. (a) FULL NAME	1 1		
4. Sex 5. Color or race 1. S. (a)	- alice (Roberton.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)	Single, married, widowed, or divorced	MEDICAL GE	RTIFICATION
Finale While	Wideyed	20. DATE OF DEATH Doloke	1) 10 187 0001
6.(b) Name of husband or wile	Robert	21. I CENTIFY that death occurred on the date above	U 17 19 778 al 9 75
		Cecrober 11 304	Stated; that I attended facchased from
1	6.(c) If alive, give ageyears	and that t last saw h.C. L. alive on Cel	10 10 10 10 10 10
deceased (mo., day, yr.)	nd. 1880		19.75
8. AGE: Years Months Days		Immediate cause of death.	DURATION
68 9 11	hrsmin.	Endlessen of the	
9. Birthplace Para Cana)C V6	The state of the s	Lasy,
9. Birthplace (Town, county,	ind atate)	Due to	
10 110-11	Sharm	Hyperiminy	540
11. Industry or business		Due to	
12. NameLa a da sutt	- 10-1		
12. Name Lo. augustille	The state of the s	Other conditions	
	and //		
HE 14. Maiden name Lands	Stranbudge	(Include pregnancy within 8 mor	
15. Birthpiace Unkner		Major findings of operations	
16, Interment Pole	+		
	The same of	Autopsy results	***************************************
Address 150. 6 yman &	to I worth had	PHYSICIAN: Please underline the cause to which	
17 Bunal Date 1	hereof 10 - 22 4 48	22. VIOLENCE: If death was due to external causes	
(Burial, eremation, or removal, Which?)	(month) (day) (yesr)	Accident, suicide, or homicide	Date ot
Cemetery or crematory	ry pessetisas	Where did Injury occur?(City or town)	***************************************
Location trestanding	Brd.	Injured at home, farm, industry, public place (where	(County) (State)
18. Funeral director	laste	Meens at Injury	Injured at work?
Address 75- +4) // (11011	11) 21/10
1 tolling,	A SICA	23. SIGNATURE	Usus WIN.
19.10-22 1948 Mus.	Lauren & Rice	O. OIDHATURE THE THE THE THE THE THE THE THE THE TH	M. D. or other
(Date rec'd by registrar)	Registrar	Address Turtous. 1	W (11/2 8/10



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UNFADING INK. Supply every item of information carefully. The correct ant. Physicians: please write the causes of death clearly and legibly.

(Dote rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore	50
CERTIFICATE OF DEATH	

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Reg. Diat. No.

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State. Maryland County Allegany City or town Franklin - rural (If outside city or town limits, write RURAL and give nearest town) Street No. 1 mile North of Westernport (If rural, give LOCATION)		
Westernport (If outside city or town limits, write RURAL and give nearest town), How long in above place of death? 12 days Hospilal, institution, or street address where death occurred: Wood Street Extended			
How long In hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME MARY JANE ROSS	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE DF DEATH October 11 19 48 21 1		
8.(b) Name of husband or wite Samuel Ross 8.(c) If alive, give age 61 years 7. Birth date of deceased (mo., day, yr.) February 20, 1898	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19 4 6 to Oct 11 19 4 8 and that last saw her alive on Oct 11 19 4 8		
8. AGE: Years Months Days It tess than ooe day 50 7 21hrsmin.	Immediate cause of death DURATION Carcuma of breast Dyss.		
9. Birthplace Elizabeth Wood West Virginia 10. Usual occupation House wife	Due 10		
11. Industry or business own home 12. Name Jacob Gregory 13. Birtholace Minne sota	Bither conditions Crabe tea mellities. Undersum		
14. Maiden name Josephine Mullenex 15. Birthplace West Virginia	(Include pregnoney within 3 months of death) Major fiediogs of operations		
16. Informani Mr. Samuel Ross Address Westernport, Maryland	Autopsy results		
17. Burial Date thereof Oct 14. 1948 (Burial, eremation, or removal, Which?) Cemetery or crematory Philos Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Westernport, Maryland	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)		
16. Funeral director Ellsworth S. Boal	Meens of Injury Injured at work?		
Address Westernport, Maryland	23. SIGNATURE James Stelle Mes tin & M. D. or other		
10 Oct. 12 1948 - 1950	M. D. or other		



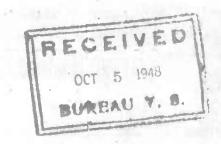
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MARYLAND STATE DEPARTMENT OF HEALTH Dr Paul RIOGISon

2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

-						
1. PLACE OF DEATH: Allegany				2. USUAL RESIDENCE (HOME) OF (For newborn infanta give residence of me	other)	
City or town			t	State Maryland County Allegany City or town Westernport (If outside city or town timits, write RURAL and give nearest town)		
			URAL and give nearest town)			
				(If outside city or town timits, 106 Cromer	write RURAL and give near	reat town)
mospital, institution;	106 Crome	r St		Street No. 106 Cromer St (If rural, give LOCATION) 2.(a) If veteran, name war.		
How long in hospital	or Institution?					
3. (a) FULL NA!				3. (b) Social Security Number		
	ROBER		LTER SANTMYER			
4. Ses	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CEI	RTIFICATION	
Male	White		Single	20. DATE OF DEATH October 1	19. 48.	.a. 10:305
6.(b) Name of husbar	nd or wife			21. I CERTIFY that death occurred on the date above		sed from
			c) If alive, give ageyears	June 10, 194		19. 70
7. Birth date of deceased (mo., day	177 - 2			and that I last saw hf		
8. AGE: Yes		Days	If less than one day	Immediate cause ni death	24 /3 run	OURATION
1	6 9	16		subother parts of	114 Ch = Pil	•••••
			77	Nevus system of		2 /2
9. Birthplace Keyser, Mineral W. Va.				m ong in		1 recos
an Havel manuscripes	Stude	nt				
				Oue to		********************
11. tedustry or busin		T	antmyer			
12. Name		m lul ~	V. C.II.y. C.I.	Other conditions	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				(Include pregnancy within 3 mo	onthu of death)	
里 14. Maiden nam			augh	Major findings of operations.		
出 14. Maiden nam 25. Birthplace	Lonac	oning.	, Maryland			
16. Informant	Calvin	Carde	?	Autopsy results. Nou 2		
Address	Wester	nport	Maryland	PHYStCIAN: Please underline the cause tn which	,	statistically.
. Buri	9]	Data ther	Oct 4 1948	22. VtOLENCE: If death was due to external cause	//	Ma
(Burial, crematic	on, or removal, Which?) Date then	eof Oct 4 1948 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crema			etery	Where did injury occur?(City or town)	(County)	(State)
Location	Western	port,	maryland	Injured at home, farm, Industry, public place (when		
	Ellswo	rth S.	Boal	Means of Injury	Injured at work?	
1B. Funeral director			***************************************	O DAMA	0 0	0
Address	Western	port,	"aryland	23. SIGNATURE Caulay	your M.	D.
wet.	4 1948	Por Till	Mary Com Barri	Predmont W	M. D. o.	or other
(Date rec'd by	registrar)		Registrar	Address Plesman V	Date signed	OCT. 2, 48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

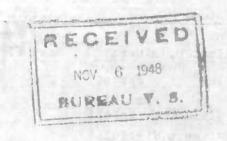
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CERTIFICATE OF DEATH

Dist. No.

/						
1. PLACE OF DEATH: County			V	2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of	F DECEASED:	
			URAL and give nearest town)	State Maryland County Allegany City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 324 Grand Ave		
			S	(If rural, give	LOCATION)	2000
3. (a) FULL NAME	amadadayan) Atamatan				3. (b) Social Security	Number
	Willia	m Geor	ge Schell		None	
4. Sex 5. C	pior or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	White		Single	20. DATE DF DEATHOctobe	r 31 1948	
6.(b) Name of husband or wife	·			21. I CERTIFY may death occurred on the date abo	ve stated; that I attended dec	eased from
7. Birth date of deceased (mo., day, yr.)		er 21) If alive, give ageyears 1868	and that f last saw h alive on	et, 29	19 48
8. AGE: Years 80	Months O	Days 10	tf tess than one dayhrsmin.	Immediate cause of death Fibro Farcoura H	46	10 wks
9. Birlhpiace Burlington, Mineral Co, West Virgini (Town, county, and state) Farmer				Due lo		
11. Industry or business		arming		Due to		***************************************
12. Name W:	illiam [Other conditions		**
12. Name			a			
14. Maiden name Mary Jane Bradford 15. Birthplace West Virginia 16. Informant Mrs. T. E. Morrison				(Include pregnancy within 3 a		
				-	Date of op	,
				Autopsy results		
Address 305 Arch St, Cumberland, Maryland 17. Burial Date thereol 2 2 1948 (Burial, cremation, or removal, Which?) Cemelery or crematory. Burlington Cemetery				22. VIOLENCE: tl death was due lo external cau Accident, suicide, or homicide		
			metery	Where did Injury occur?(City or town)		(State)
Location Burlington, W. Va.				Injured at home, larm, industry, public place (w		
18. Funeral director	Will	iam H	Kight	Means of injury	Injured at work?	/
	Cumberl			23. SIGNATURE CATHERT!	Jones Zu.	x .
19. Nov 2 19 48 Mente Questy Mx. (Date rec'd by registrar) Registrar				Address 110 3. Contre St.	M. D. Date signed	or other 11-1-48



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ELLE TO SEVEN STATE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

eg. Diat. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3.(a) FULL NAME	3. (b) Social Security Number		
Clarence Elmer Seitz 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced male white Single	MEDICAL CERTIFICATION 20. DATE DF DEATHQct26		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) 8. A.G.F. Years Months Days If less than one day	aed that I last saw h im a Doad Oct 26 19 4.8. Immediate cause of death DURATION		
8. AGE: Years Months Days IT less than one day 69 0 24hrsmin.	Carcinoma of the sigmoid 11 months		
9. Birthplace Louisville (Town, county, and state) 10. Usual occupation electrician for the 11. Industry or busines George Clyde Smith Shows. 12. Name Unknown 13. Birthplace 14. Maiden name Unknown	Dither conditions		
15. 8irthplace 16. Informant George C. Smith	Autonay results		
Address 225 S. Smallwood St., Cumb. Md. Burial Burial (Burial, cremation, or removal. Which?) Cemetery or crematory. Zion Memorial Cem. Location. H. Wayne George Address Cumberland, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	State Many AMA County Allanana
City or town Arounded try of town yours, while RUKA while porrest town)	State Mary Land County Ligary
jow long in above place of death?	Cily or town
Hospital, institution, or street address where death occurred:	
minero Hospilal	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Marshal Shearer	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Surgle	20. DATE OF DEATH 10 / 19 19 48 2 3 = P.
marked.	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from
6.(6) Name of husband or wife	10/16 1048 10 1040
Birth date of Sirth date of Si	and that I last saw h. I.M. alive on 10 1 18 4.6
deceased (mo., day, yr.) (6) 15 30, 1900	Immediate cause of death toyleng on OURATION
8. AGE: Years Months Days If less than one day	CLAN DE OF LINES
427 // 19 has	. min.
a situation midland alleganen Coo. Md	
9. Birthplace Midland allegany OB, Ma.	Oue to
10. Usuat occupation harming	
0.0 01 1/4-1	Oue to
MI DI I DI DILAY	
12. Name	Dther conditions
13. Birthpider Electrone, maryland	(Include pregnancy within 3 months of death)
14. Maiden name Rosame obertson	Major findings of aperations.
15. Birthotace Mr. Milland. Aud	major indings of aperatous. Date of op.
active Manuel	Antopsy results.
16. Informant Succession Successi	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Gradland, Tha	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or removal, Which?) Date thereof. Oct 2/ 47 (month) (day) (year)	
	, , , , , , , , , , , , , , , , , , , ,
Cemetery or crematory allegany anteny	Whera did injury occur?
Location Frosthus a Mills	Injured at home, farm, Industry, public place (where?)
Dr. 2 1/01	Means of Injury Injured at work?
18. Funeral director TTC (C. 15) Status	(
Address of an acoming Illa	23. SIGNATURE Faul Cuarne Freye, M.D.
10 - 21 1.48 mil Nauly XI. T	(10 D) or other
(Date rec'd by registrar) Regis	strar Date signed 10 21 4



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	E OF DEATH Reg. Dist. No.	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State. Maryland. County. Allegany. City or town. Luke. (If outside city or town limita, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.	
William Black Smith.	232-01-134	
Male white Married.	MEDICAL CERTIFICATION A.1 20. DATE OF DEATH. October 10, 1948, 10:3	
8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4. 6. to Cost 10. 19. 4. and that I last eaw h	
16. Informant Mrs. William Smith.	Actopsy results	
Burial Dato thereof Oct. 13, 1948. (Burial, cremation, or removal. Which?) Cemotery or Window Philos Cemetery. Location Westernport, Maryland. 18. Funoral director W Manuell Fuller Y Address Piedmont, West Va. 19. Oct. 13 1948	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicido, or homicide	



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ADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and l

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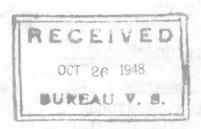
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State PENNA County City or town BEDFORD Of outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2. (a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
	The second
MRS LUCY B. SPRIGGS 4. Sex 5. Color or race 5. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE MARRIED	20. DATE OF DEATH OCTOBER 20 19.48 21 3:45 Pm
6.(b) Name of husband or wife EMANUEL H. SPRIGGS 7. Birth date of deceased (mo., day, yr.) OCT. 20 - 1877 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace BEDFORD Advants Survey and attace) 10. Usual occupation Survey and attace) 11. Industry or business	21. I CERTIFY that death occurred on the date above stated; that I attended doceased from 19
12. Name WILLIAM THOMPSON 13. Birthplace PENNQ	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
16. Informant MEMORIAL HOSPITAL Address MEMORIAL AVE. October 2.5 1945	Autopsy results
(Burial, cremation, or removal. Which?) Cemetery or crematory	Accident, suicide, or homicide
18. Funeral director Address Bessel Grand Joseph Source Sur	Massis of Injury Injured at work?
19. Oct. 32, 1948 W.R. Stants M.A. (Date rec'd by registrar) Registrar	Address Universal Male signed 10/21/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Rog. Dist. No. ...

1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of State	mother) RANT RANT LOCATION)
4. Sex	5. Color or race	6.(a)Single	, merried, widowed, or divorced		ERTIFICATION
F	w		MARRIED		4, 19 fg al 2a.
7. Birth dale of	B.(b) Name of husband or wife Lean ARA Stonestreet 5. Birth date of France Stonestreet			21. I CERTIFY that death occurred on the date above stated; that I attended decessed from	
deceased (mo., day				Immediate cause of death	DURATION
O. Moss.	ars Months	Days	If less than one day		
	29 3	16	hrs. min.	(AACINAMA O)	
9. Birthplace	MAYSU.	county, and s	Rant W. Ve.	Due to	
10. Usual occupation	10. Usual occupation have see fe			Bue to Dermond C	720-
11. Industry or busin	11. Industry or business			speed in dy	
E	E 12. Name Robert Keplinger			Other conditions	
Il 13. Birthplace may suite w. va.			A 1 .	(Include pregnancy within 3	nionths of death)
14. Malden nan	# 14. Maiden name Bessie Almian Rohabaugh			Major findings of operations.	mais cycl
15. Birthplace	gorda	N'5 R	un, w.va	00	Bale of op March-148
	18. Interment Done they marsh			Autopsy results	high death should be charged statistically
Address					
17 Bus	Busin Pale thorner 10/6/48		22. VIOLENCE: ff death was due to external car		
(Borkel, cremation, or removal, Which?) Date thereof (May) (year)		Accident, evicide, or homicide			
Cemetery or crematory			S. Combined to	Where did injury occur?(City or town)	(Coonty) (State)
Localion	Location Description Court & C			Injured af home, farm, Industry, public place (w	where?)
1B. Funeral director				Meane of Injury	Injured al work?
Address	le tere	liero	aud	OF BALL	mib
19. Oct	2 1948	Bothan	rnbelor mi	23. SIGNATURE OF STATE Address Presmonth	M. D. or other Date signed 9/4/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct, age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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OCT 11 1948
BUREAU V. B.

ANDERSON J. FAZENBAKER, M. D. REG. No. 1857 WESTERNPORT, MD. RECEIVED Name OCT 11 1948 Date 1 Address the death Certificate to the undertake at Petershing, W who returned seme burial permet

THIS PRESCRIPTION CAN BE FILLED AT KELLY'S PHARMACY

PHONE 3511

WESTERNPORT, MD.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CEDTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County ALLEGANY City or town CUMBERLAND MARYLAND (If outside city or town limits, write RURAL and give nearest town)	(For newborn infants give residence of mother) State
How long in above place of death? Hospital, institution, or street address where death occurred: MEMORIAL, CUMBERLAND, MD.	(If outside city or town limits, write RURAL and give nearest town) Street No.
How long in hospital or institution? 3 DAYS	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME hings	3. (b) Social Security Number
GEORGE WALTASKER 4. Se1 5. Color or race 6. Cd Single, married, widowed, or divorced	/ lone
MALE WHITE Wildowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. OCT. 25, 1948
6.(b) Name of husband or wife GRACE HENLINE Jasker	21. I CERTIFY that death occurred on the date above stated; that I attended deceared from
7. Birth date of deceased (mo., day, yr.) APRIL 25, /886	and that I last saw h
8. AGE: Years Months Days If less than one day 6 2 6 0hrshrs.	Or a first fleweringer
9. Birthplace MARY LAND Aler Pask, Larsett Ce	·Due to
1D. Usual occupation. Farmers	Due to
11. Industry or business 12. Name ANCH TASKER, Archibald Chisholm 13. Birthplace MARYLAND, Garrett County	Other conditions
E 14. Maiden name VINA GRUBB	(Include pregnancy within 3 months of death) Major findings of operations
15. Birthplace Unknown	
16. Informant MEMORIAL HOSPITAL Address CUMBERLAND, MD.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burnel Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location Dun 1997	Injured at home, farm, industry, public place where?
18. Funeral director emusy 12000000000000000000000000000000000000	
19. Opt 2 19. 48 lung granty M.D. Registrar	23. SIGNATURE M. D. or other M. D. or other Date signed



DATE TO THE PARTY OF

2411 N. Charles St., Baltimore

OF DEATH

Reg. Diat. No

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrise especially important. Physicians: please write the causes of death clearly and legibly. PLEASE

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			CERTIFIC	CATE OF DEATH Reg. Di
Hospital, Institution, or str	Tostbur ide city or towe lin dealth? eet address where d liners H	ospit	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County All City or town Cumberland (If outside city or towo limits, write RURAL 1107 Virginia Ave (If rural, give LOCATION) 2.(G) if veteran, name war.
	SOPHO	RA TH	OMAS	
4. Sex Female	White	1 1 1 1 1 1 1 1	i, married, widowed, or divorced	MEDICAL CERTIFICAT
8.(b) Name of husband or 7. Birth date of deceased (mo., day, yr.)	***************************************	ge Th	OMA.S 3) II alive, give age 857	21. I CERTIFY that death occurred on the date above stated; that I controller 7 19.48 to 0 ctober 3 and that I last saw her allye on 0ctober Immediate cause of death Hypertensive
8. AGE: Years 91	Months 1	Days	If tess than one day	Heart Disease
9. Birthplace 1D. Usual occupation 1t. industry or business	nousew	lle	itate)	Due to. Arteriosclerotis, ger
12. Name	Wal Eliza	es	ds, Harvard,	Other conditions. Senile Psychosis (Include pregnancy within 8 months of death) Major findings of operations. None.
16. Informant	Mrs. Sa Cum	rah E berla	. Keller, nd, Md.	Actopsy results None PHYSICIAN: Please underline the cause to which death shoole
	ostburg	gany , Md.	con Oct. 10, 1 (month) (day) (year Cemetery,	Accident, eulcide, or homicide
Address Fr	ostburg 1948	, Md.		23. SIGNATURE ALLANGUE FOR CONTROL Address. 48 Broadway Frostb

(If outside city or towe limits,	write RURAL and give near	eet town)
Street No. 1107 Virgini (Ifrural, give L	OCATION)	
2.(g) if veteran, name war		
	3. (b) Social Security N	lumber
No. of Contract of Con-	none	
MEDICAL CE	RTIFICATION	
20. DATE OF DEATH October 8	19. 48	at 3:45Am
21. I CERTIFY that death occurred on the date above October 7 18.44 and that I last saw h.e.r. alive on O.C. Immediate cause of death. Hyperten Heart Disease	a stated; that I attended docean 8toOctobe tober 7	2 81948 1948 DURATION
Due to Arterioscleroti 1 Zed. Due to	s, general-	20 vis
Other conditions Senile Psych	osis	
(Include pregnancy within 3 m Major findings of operations None Actors results None PHYSICIAN: Please moderline the cause to whi	Bate of op	
22. VIOLENCE: If death was due to external caus		
Accident, eulcide, or homicide		
Where did injury occur?(City or town)	(Couety)	(State)
Injured at home, farm, industry, public place (who		
Means of injury 23. SICNATURE Address. 48 Broadway I	for this ten	or other
Address 40 Broadway		La W. of had of 1. 18 had

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.	Reg.	Dist.	No.	4
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OF DECEASED: of mother) County	est town)
MARYLAND nits, write RURAL and give near APPARTMENTS nive LOCATION)	est town)
rive LOCATION)	***************************************
3 (b) Social Security N	,
200-18-416	
	0
	11:10
above statnd: that I attended decease	19. **
1 / /	DURATION
de repul	
Deserve	

which death should be charged at causes, fill in the following; Date of	tatistically.
	certification 1948 2 above statud; that I attended decease 19.4

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ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

6 Reg. Diat. No.

1. PLACE OF DEATH: Couoly	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
City or town	City or town Westernport. City or town (If outside city or town limits, write RURAL and give nearest town) Street No. Hammond (If rural, give LOCATION) 2.(a) It veteran, name war.		
Hospital, institution, or street address where death occurred:			
Now long in hospital or institution?			
3.(a) FULL NAME Annie Jane Tonry	3. (b) Social Security Number		
4. See male 5. Color or race 6(a) Single, married, wildowed, or divorced Wildowed	MEDICAL CERTIFICATION 20, DATE OF DEATH OCTOBER 23, 1948. 19 11 37.		
6.(6) Name of husband or wife Charles Tonry 6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Ougust 22 19 46, to Outober 231948		
7. Birth date of deceased (mo., day, yr.) May 1 1856	and that I last saw h. C.R. alive on O.C.+o.be.R. 23/ 19. 48. Immediate cause of death DURATION		
8. AGE: Years Months Days If less than one day 92 5 22	CARDIO-VasculAR- Tevel 4400R		
8. Birthplace Westernnort, Allegany Ad. (Town, county, and state)	Due to disease		
10. Usual occupation. House—wife 11. Industry or business	Due to		
In 12 Name Joseph Campbell 13. Birthplace Scotland.	Other conditions		
14. Malden name Katherine Dowry. 15. Birthplace Scotland.	(Include pregnancy within 8 months of death) Major findings of operations.		
16. Informant Robert Tonry. Address Fairmont, West Va.	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Burial Date thereof October 26-19 (Burial, cremation, or removal, Which?)			
Cemetery or crematory Philos Cemetery. Location Westernport, Md.	Where did injury occur?		
18. Funeral director W. Hauld 7 reach fr	Means of Injury Injured at work?		
Address Piedmont, West Va.	23. SIGNATURE DE BURY M. D. or other		
(Date reg'd by registrar) Registrar	Address Date signed 10/257		

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

eg. Diat. No.

	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Charge	(Por lewborn infants give residence of mother)
City or town	State State County County
How long in above place of death?	City or town Trollung
Hospital, institution, or street address where death occurred:	(If outside city or town limita, write HTRAL and the searest town
58 Ormond St	Street No. (Ifrural, gly/LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
- toler Tredery	Le Darle Mone
4. Sex Scolor or race 6.(a) Single, married, widowed, or dispreed	MEDICAL CERTIFICATION
male Hluke Ingerie	NAT DA DE CIMA
D' 11.	20. DATE OF DEATH
6.(b) Name of husband or wife SMUC Wash	21. I CERTIFY that death occurred on the date above stated; that altended deceased from
7. Birth date of	19 48 40CT 22 19 48
deceased (mo., day, yr.)	and that I last sent to 22 halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
85 6 4hrs.	coronary Tramfores Judde
7 4 011	
9. Birthplace (Town, dounts) and state)	Due to Server
10. Usuai occupation	Commany godina morel
11. Industry or business	Due fo
12. Name 12. Name 13. Birtholace	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Bl	
E 15. 8irthplace Ireland	Major findings of operations.
16. Informant 2/2, Learne Cerro	Date of op.
Address 241 Classof 1 7-71	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B Huster all Fronting	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or reproval. Which) Date thereof (month) (day) (year)	Accident, sulcide, or homicide
Gemelery of ecomoting.	
F 4/1 (V:	Where did injury occur?
Location Location	Injured at home, farm, industry, public place (where?)
18. Funeral director. at the Mafe	Meens of injury Injured at works
Address Totallung &	NIDMA (Sun ()
10 00 CAT X 19 ALL NID	23. SIGNATURE OF THE ME
(Date rec'd by registrar)	Address Frostbelly Md not close (0-22-48
Registra	Address. Date signed. 70



CERTIFICATE OF DEATH

CERTIFIC	CATE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME MR. WILLIAM A. WASHINGTON	3. (b) Social Security Number 232-26-1591
4. Sex S. Color or race G.(a)Single, married, widowed, or divorced WIDOWER	MEDICAL CERTIFICATION 20. DATE OF DEATH OCTOBER 10, 1948 2, 6:0!
7. Birth dale of deceased (mo., day, yr.) OCTOBER 23, 1869 8. AGE: Years Months Days If less than one day 78 11 11 11 11 11 11 11 11 11 11 11 11 11	and that I last saw h alive on
18. Informant MEMORIAL HOSPITAL Address MEMORIAL AVENUE 17. Survive Bate thereof At 190 (Burisi, cremation, or removal, Which?) Cemelery or crematory Have Love Cemelery Control (day) (year Lovellon Memory Lovellon Alberta Cemelery Control (day) 18. Funeral director Element Albare	Actopsy results PHYSICIAN: Please uoderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide

ly every item of information carefully. The ewrite the causes of death clearly and legibly. BINDING FOR WITH UNFADING INK. Cup RESERVE

19. (Date rec'd by registpar)



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MARYLAND STATE DEPARTMENT OF HEALTH

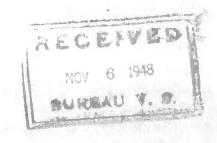
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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14000			1	
200			11.	
Reg.	Diat.	No.	 	

	Reg. Dist. No.
1. PLACE OF DEATH: COUNTY Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	Street No. 324 Cecelia St. (If rural, give LOCATION)
How long in hospital or institution? 5 minutes	2.(a) If veteran, name war
3.(a) FULL NAME Oscar Wilson Wertz 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male married	3. (b) Social Security Number 214-07- 2085 MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wifeAliceSimmonsWertz	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
deceased (mo., day, yr.) May 22 - 1913	Immediate cause of death OURATION Intracranial hemorrhage about 1 hour
9. Birthplace. Chaneysville Pa (Town, county, and atate) 10. Usual occupation. Machinest helper 11. Industry or business B&O?R.Ry.Bolt & Forge Plant.	Oue to an automobile accident
12. Name Valentine Wertz 13. Birthplace Chaneysville Pa.	Other conditions
14. Maiden name Arrena Bennett 15. Birthpiace Chaneysville Pa. 16. Informant Assay W. Westz	Major fiedings of operations. Dale of op. Autopsy results. And a bove. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Cumulation, Md, 17. Bate thereof 3, 948 (Burial, cremation, or removal, Which?) Cemetery or crematory Manual State Company Location Characteristics Company Location	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide auto
18. Funeral director. Address 19. Maria director. 19. Maria director.	Means of injury Car went out of Genetaric No. 18 Signature H. V. Deming M.D. H. Dame 20.2 Address Cumberland Md. Date signed 11-1-48



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Supply every item of information carefully please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cumberland	Slate Maryland county Allegany
City or fown. (If outside city or town limits, write RURAL and give nearest town)	
	City or town (if outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	city or town Cumberland (If outside city or town limits, write RURAL and give nearest town) 632 Washington St.
Memorial Hospital, Cumberland, Md.	Sireet No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Anna Elizabeth White	Mare
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	2D. DATE DF DEATH October 10, 19 48 21 3:00 P
6.(b) Name of husband or wife. Warren C. White.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Ten Years 19. 10. Oct. 10. 19. 48
7. Birth date of Jan. 20, 1864	years and that I last saw h er alive on October 10, 18 48
deceased (mo., day, yr.)	Immediate sause of death Cardiac Dilation DURATION
8. AGE: Years Months Days If less than one day	immediate (ause of death
84 8 20 hrs.	min.
9. Birthplace Bedford Con Penn House Wife	Due to Chronic Myocarditis 5 Years
10. Usual occupation	Due to
11. Industry or business	
John Ellenberger 12. Name Bedford Co, Penn.	Diher conditions
E 13. Birthplace Bedford Co, Penn.	
	(Include pregnancy within 3 months of death)
Julia Weiant 14. Maiden name Unknown 15. Birtholace	Major findings of operations.
≥ 15. Birthplace	Dale of op.
16. Informant: WealWhite	Autopsy results
ad B. 11, D1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 8.88 Bladdock Rd River Cumusland . Rd 10-12-48	22. VIOLENCE: If death was due to external causes, till in the tollowing;
Dur Ede	
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemelery or crematoryRose Hill Cemetery	Where did Injury occur?
Cumberland, Md.	Injured at home, tarm, Industry, public place (where?)
V. V. Y. Malland.	Mesns of Injury Injured at work?
18. Funeral director. Denna	
Address learnbardand Mit	23. SIGNATURE AND COLOR
18. (Ct. 12, 1948 W.L. Dawky M. (Date rec'd by registrar)	M. D. or other
(Date rec'd by registrar) Registr	trar Address Date signed Date signed



Supply every item of information carefully. The correct ag lease write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING is especially important. Physica

VS A15

MARGIN RESERVED FOR BINDING

Within corporate limits SV.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10078

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CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or streef address where death occurred: Allegany Hospital How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give reaidence of mother) State. Maryland County Allegany City or iown Cumberland (if outside city or town limits, write RURAL and give nearest town) Street No. 204 Greene St. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Ralph Willard 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	217714-4123
Male White Married	MEDICAL CERTIFICATION 2D. DATE DF DEATH. Oct. 12. 1948 at 7:15Pm
6.(b) Name of husband or wife Mary E. Wegman Willard 6.(c) If alive, give age years	20. DATE DF DEATH. 21. I CERNFY that death occurred on the date above shipd: That rettended de reason me 19. 19. 19. 19. 19. 19. 19. 19.
deceased (mo., day, yr.) Oct. 10, 1868	Immediate true of death
8. AGE: Years Months Days If less than one day 2hrsmin.	Caronary occusion 31114
9. Birthplace Cumberland, Maryland (Town, county, and state) 10. Usual occupation Trust Officier 11. Industry or business Second National Bank	Due to
John Perry Willard 12. Name John Perry Willard 13. Birthplace Hagerstown, Maryland	Dther conditions
14. Maiden name Mary Ann Reed	(Include pregnancy within 3 months of death)
14. Maiden name Mary Ann Reed 15. Birthplace Cumberland, Maryland	Major findings of operations. Date of op.
Mn Dontel D Willand	Autopsy results.
IV. IIII III III III	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 204 Greene St. Cumberland, Md. Burial Burial Burial Burial Burial, cremation, or removal, Which?) Cemetery or cremafory Rose Hill Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Localion Cumberland, Md.	Injured at home, farm, Industry, public place (where?)
Chenled I Conne	Means of Injury Injured at work?
18. Funeral director. Charles L. George	
Address - Cumberland, Md.	23. SIGNATURE / TO
19. Oct 14 19. 48 M.R. Frank M.A. (Date rec'd by registrar)	Address frust lead Med Date signed 11 1/4 8



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Rural) Highway near Barrelswil	le State Md. County Allegany County County Allegany		
How long in above place of death?atonce	Md City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) Streel No. 220 Schley St.		
as above-	(If rural, give LOCATION)		
How long In hospital or Institution?	2.(a) It veteran, name War		
3. (a) FULL NAME	3. (b) Social Security Number		
Joseph Williams	216-22-5034		
4. Sex 5. Color or race 6.(4)Single, married, widowed, or divorced	MEDICAL CERTIFICATION about		
male white married	20. DATE OF DEATH Oct 7		
6.(b) Name of husband or wite Helen Gillette	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of 2	years and that I last saw h im Dead Oct. 7 19 48.		
deceased (mo., day, yr.) Aug. 22- 1895 8. AGE- Years Months Days It less than one day	Immediate cause ol death DURATION		
8. AGE: Years Months Days It less than one day	Intracranial hemorrhage at once		
9. BirthpiaceOcean Allegany Md.			
10. Usual occupation Musician	Due to Auto ran off of road and		
11. Industry or business Teacher of music	hit a tree, on slight curve.		
12. Name Danial Williams Wales			
	clayicle, also 5 ribs Rt.chest, Several		
14. Maiden name Jane Price 15. Birthplace Mt. Savage Md.	1400140101		
E 15 Ridhniace Mt . Saware Md	Major findings of operations		
16. Informant wife) Mrs. Joseph Williams			
To all the same of	PHYSICIAN. Plance underline the cause to which death should be charged statistically.		
Address Cumberland Md. 220 Schley St. Burial (Burial, cremation, or removal, Which?) Bate thereof (month) (day) (year)			
Page Hill Comptons	Accident, suicide or homicide. Auto. accident, 10-7-48 Mile ast of ville Allegany Md.		
Cumberland, Md.	Injured at home, farm, industry, public place (where?) highway., asabove		
Location	Means of Injury as above Injured at work? way home		
18. Funeral director William H. Kight	Beputy Medical Examiner - Allegary Co.		
Address Cumberland, Md.	23. SIGNATURE. H. V. Deming M. D. H. V. L. M. D. or ther		
19. Oct. 12 19.48 Vennus my Desmit	M. D. or ther stear Address Cumberland Md. Date signed 10-7-48		
(Dave see a plantage and a real a	Bankes w. tuttura unutura unut		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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CERTIFIC	ATE OF DEATH Reg. Dist. No	·
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
ounty allegany	(For newborn infante give residence of mother)	
le d Mark	State Mand County allega	my
(If outside city or town limits, write RURAL and give nearest town)	-Completed and	0
long in above place of death? 77 - 8 - 2 4	City or town (If outside city or town limits, write RUKAL and giv	re nearest town)
spital, institution, or street address where death occurred:	Street No. 358 Beating St.	
Sylvan Cutrus	(If rupt, give LOCATION)	
w long hospital or Institution?	2.(a) If veteran, name war	
. (a) FULL NAME	3. (b) Social Secu	rity Number
Frederich on M	ilam 217-10	-5754
Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Challe MIA Commind	10.1. 21	19 945
me mu maning	20. DATE OF DEATH. Oct 76 19.#	-0 at 0 -
(6) Name of husband or wife Nathurne Wagner	21. I CERTIFY the death occurred on the date above stated; that Lattended	
	726 1948 10 Bet.	26 1948
Birth date of	and that I last saw h Asset alive on Oct . 24	19.48
deceased (mo., day, yr.) +11 2 1076		DUBATION
AGE: Years Months Days It less than one day	Immediate cause of death	
72 8 24hrs.		0.000
	7.1	
Birthplace Communication Brown	Due to desilt	***************************************
(Town, county, and state)		
Usual occupation	Dua to.	
Industry or business Retired.		
Command Wilson)	Other conditions	
12. Name		
13. Birthplace	(Include pregnancy within 3 months of death)	
14. Maiden name		
ar Bishalasa	Major findings of operations.	
a vita	Date of op	
Interment Mrs Talkyme of Islam	Antopsy results.	7
Address Cambeland.	PHYSICIAN: Please underline the cause to which death should be cha	arged statistically.
R	22. VIOLENCE: It death was due to external causes, till in the following:	
(Burial, eremation, or remogal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
D . 1 A	Where did Injury occur?	
Cemetery or crematory Definition of the company of	Whera did Injury occur?	(State)
Location Ompherland.	Injured at home, tarm, industry, public place (where?)	•••••
9. 11-0	Msans of injury Injured at work?	1
18. Funeral director. Amaga Stenson Stenson	111100 -1	
Address Combestand	- latting to James he.	8 .
MILAT IT OUR TON	23. SIGNATURE MAN MM	I. D. or other
19. UCT. 21, 19 48 W.K Pauloull	trar Address 110 3. Centre St. Date st.	10-27-4
(Date ree'd by registrar) Registrary	trar Address 10 d. Ceure 6. Date sign	gned



2411 N. Charles St., Baltimore

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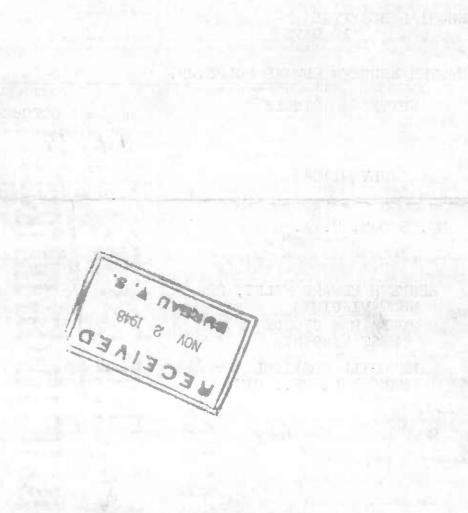
CERTIFICATE OF DEATH

Reg. Dist. No.

					/
PLACE OF DEATH: ALLEGANY		2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:		
			State WEST VIRGINIA	Grant	
City or town		00	City or town		
Hospital, institution, or street ad	dress where death occ	curred:	Street No.		
MEMORIAL				(If rural, give LOCATION)	
How long in hospital or Institution	n? 10	DAYS	2.(a) if veteran, name war		
3. (a) FULL NAME				3. (b) Social Security Nu	mber
MASTER 1	KENNETH 1	EDWARD WOLFE, JR		Mones	
4. Sex 5. Color	or race 6.(a)	Single, married, widowed, or divorced	MEDICAL O	CERTIFICATION	
MALE WH	ITE :	SINGLE	20. DATE OF DEATHOCTOBER	2848	.2.1
6.(b) Name of husband or wife			21. I CERTIFY that death occurred on the date a	# 8 to Oct 78	trom
			13	51 77	
7. Birth date of deceased (mo., day, yr.)	JULY 9.1	948	and that I last saw h fand alive on		
	onths Day:		Immediate costs of death.	Western	30
	3 1	Ohrs	in. Capparation		<i></i>
Mm CI			Who Out to Lea		80
9. Birthplace MT . S	TORM, W. (Town, county,	VA , and state)	Due to		
tD. Usual occupation.	lone		DO. COCOTT		10
			Due to.		
tt. Industry or business	ETH EDWA	RD WOLFE, SR.		***************************************	
E LITT	ST VIRGI		··· Other conditions		
			(Include pregnancy within	3 months of death)	
t4. Maiden name ZOULA MAE GEORGE WEST VIRGINIA			Major findings of operations		
E t5. Birthplace	WEST VIR	GINIA	majo. Madago at apticular		
16. Informant MEMORIAL HOSPITAL Address MEMORIAL AVE., CITY 17. Burial Date thereo Od. 30 1948 (Burial, cremation, or reproved. Which?) (month) (day) (year) Cemetery or crematory Lessel Cemetery Location Results Scheller Street Ca., 10, 114			Antopsy results		
			PHYSICIAN: Please underline the cause tu	which death should be charged sta	tisticall
			22, VIOLENCE: It death was due to external of	causes, till in the tollowing;	
			Accident, suicide, or homicide		
			Where did injury occur?(City or town		
					State)
			Injured at home, farm, Industry, public place		
18. Funeral director Other F. Sharples		Means of injury	Injured at work?	1	
		11114	See	0	
19. Oct. 29. 19 48 W.A. trants M.D. (Date ree'd by registrar) Registrar			23. SIGNATURE	M, D, or	other
			1367 Leans & (for	las la rechier 10	5/26
			ar Address 4 Co	Date signed	1

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

City or town.

Street No.

2.(a) tf veteran, name war

(If oydide city or town limits, write BURAL and give nearest town)

(If rural, give LOCATION)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

10082

3. (b) Social Security Number

712-14-1617

Reg. Diat. No.

M

age

1. PLACE-OF DEATH:

Now long in above place of death?

How long in hospital or institution?

3. (a) FULL NAME

Hospital, institution, or street address where death occurred:

(If gutside city or town limits, write RURAL and give nearest town)

ormation carefully. The correct death clearly and legibly.

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in o	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
n of uses	male While mideral	20 DATE DE DEATH OCTOBER 30148 01 5:0. P. N
r item	8.(b) Name of husband or wife. A standard of the standard of t	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.48, to 10-23 19.48
oly every write the	7. Birth date of	and that I last saw h. im alive on 10 - 23 19 48
	deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediato cause di death DURATION DURATION
Sup)	75+ 0 3min.	
INK	8. Birthplace (Jown, county, and state)	Due 10.
ADING INK Physicians:	11. Industry or business Cox P B - P. Col A	Due 10
570	12. Name 12.	Dither conditions bas cus an Ity per turns
UN	13. Birthplace Tarendy States with	(Include pregnancy within 8 months of death)
WITH UN	14. Maiden name	Major findings of operations
. >>	16. Intermant 200 200 200 200 200 200 200 200 200 20	Autopsy results
AINLY	Address State General M. Sha Bagi	22. VIOLENCE: If death was due to external causes, fill in the following;
PL is e	(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year) Cemetery or crematory	Accidenf, suicide, or homicide
RITE	Cometery or crematory of the state of the st	(City or town) (County) (State)
SE W	18. Funeral director	Means of Injury Injured at work?
EAS	Address Thosting, Mace	23. SIGNATURE William Z. Musely NW. M. D. or Other
PI	19. (Date rec'd by registrar)	Address Mi Savage Md. Date signed -1.48
temp		



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